

Protocols

Protocols have been developed for FY 2006 to facilitate monitoring of health, nutrition, disabilities, mental health and early childhood development¹ services. The protocols provide an overarching framework as well as detailed guidance to help reviewers monitor compliance with the primary regulations and program requirements related to the respective services.

OVERVIEW

The protocol is designed to guide the reviewer in monitoring against specified standards. Each protocol is organized around a set of key questions. For each key question, the protocol provides the reviewer with a series of subquestions that, when addressed, assist in monitoring compliance with the specified standards. In addition, the protocols offer the reviewer recommended sources from which information can be collected to respond to the subquestions. Prompts are provided to cue the reviewer on what to look for in specific documents, questions to ask when conducting various interviews, or observations to make in various settings.

INSTRUCTIONS

The assigned reviewer(s) is required to complete the protocol. Completion of the protocol entails collecting sufficient evidence to support a preliminary decision on compliance with each of the standards associated with the key questions and/or the questions subsumed within the key questions. Reviewers are requested to document the sources from which they collect information (i.e., people interviewed, documents reviewed, or environment or setting observed) and what they found.

Each protocol includes tables into which the source and information acquired can be documented. In addition, a separate Protocol Worksheet is provided for reviewers to document review information. Please document all of the information you collect during the review on either the worksheet contained within the protocol or the separate Protocol Worksheet. This documentation should be submitted to the Report Coordinator at the end of the review.

RESOURCES

This section includes the following:

- Protocols: Health Services Protocol, Nutrition Services Protocol, Disabilities Services Protocol, and Mental Health Services Protocol
- A separate Protocol Worksheet that can be used in addition to the worksheet contained within the protocols
- Monitoring Reference Sheets for the Mental Health Services Protocol and Disabilities Services Protocol. These sheets describe references to mental health or disabilities services (respectively) that are contained in other Core Questions, and the information that may be available from other fellow reviewers.

¹ The Early Childhood Development Protocol will be available in Fall 2005; it is not included in the *PRISM Instrument*.

Protocol Worksheet

Reviewer Name: _____ Review Date: _____

Grantee (and if appropriate Delegate Name): _____

Protocol Type: (Health, Nutrition, Disabilities, MH, or ECD): _____

Source: Document Reviewed: _____

Person Interviewed: _____

Observation Setting: _____

Relevant citation number(s), if appropriate: _____

Notes:

Source: Document Reviewed: _____

Person Interviewed: _____

Observation Setting: _____

Relevant citation number(s), if appropriate: _____

Notes:

Health Services Protocol



(C) In collaboration with team members



(F) Focus child and family



(H&S) Included on Health & Safety Checklist

Prevention: Ongoing Source of Care

How does the grantee ensure that:

As determined in collaboration with parents, each child has an ongoing source of continuous, accessible health care within 90 days (30 day timeframe for programs of 90 days or less) of the child's first day of Early Head Start or Head Start services?

1304.20(a)(1)(i); 1304.20(a)(2)

Assistance is provided to parents in accessing a source of care, if indicated?




1304.20(a)(1)(i)

- What is the program's method for determining whether children have an ongoing source of health care?
- How does the program assist families that do not have a medical or dental home?
- What process does the program have to ensure that their list of health care providers/resource directory is up to date? How do they share this information with parents?
- What role, if any, does the HSAC play in identifying and recruiting potential health care providers for Head Start children and families?

	Suggested Sources	Actual Sources
Documents Reviewed	Service Plans/P&P Child files HSAC minutes Resource Directory Community Assessment	
Persons Interviewed	Health Manager Family Service Workers Parents HSAC members	

Notes:

Prevention: Ongoing Source of Care (Expanded Protocol)Document Review:

- Review service plans and/or policies for ways in which the program ensures that each child has an ongoing source of continuous, accessible health care within the required timeframe.
-  • (F) Review child files to confirm documentation of an ongoing source of continuous, accessible health care (medical and dental home) within 90 days of entry into the program (30 days for programs of 90 days or less). Review processes that the program has to obtain information on community resources related to medical, dental and mental health care. In what way is this information kept current and how is it shared with parents?
-  • (C) Review the most recent Community Assessment to determine whether gaps in the availability of health or dental care have been identified by the program and whether short or long-term strategic plans address these access issues.
-  • (C) Review Health Services Advisory Committee (HSAC) minutes to determine the committee's role in identifying and recruiting medical and dental providers that are accessible and knowledgeable about the needs of Head Start and Early Head Start families.

Interview:

- Interview Health Services, Family Partnership and/or classroom staff to assess whether efforts are made during parent contacts to identify and address barriers to accessing medical or dental care (such as transportation, cultural or linguistic challenges, etc).
- Interview parents to determine their role in identifying an ongoing source of medical and dental care? If no source of care exists, in what way have program staff assisted the family in establishing a medical or dental home?

Prevention: Ongoing Source of CareNotes:

Prevention: Determining Child Health Status

How does the grantee ensure that:

Within 90 days of child's entry (30 day timeframe for programs of 90 days or less) information has been obtained from a health care professional as to whether the child is up-to-date on a schedule of age appropriate preventive and primary care which includes medical, dental and mental health services? 1304.20(a)(1)(ii)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program requirements, which are state-specific, and recommendations of the Centers for Disease Control and Prevention (CDC) are utilized to determine the appropriate schedule for well child care and immunizations? 1304.20(a)(1)(ii)

Assistance is provided to parents, when indicated, in making necessary arrangements to obtain and sustain recommended schedules of preventive and primary care?

1304.20(a)(1)(ii) (A-C)




- How does the program determine if a child is up to date on well child care and immunizations? Who makes the determination and what is done with the information?
- How does the program ensure that the full range of state EPSDT services is received?
- Did the program's Self Assessment address Health Services? Were significant strengths and concerns discovered? If there were concerns, were they addressed?
- How do staff learn the meaning of examination and test results?
- What type of assistance does the program provide to parents to ensure their children are up-to-date?
- How is missing EPSDT-recommended health or dental components handled?

	Suggested Sources	Actual Sources
Documents Reviewed	Child files/tracking logs EPSDT well child schedule CDC/State immunization recommendations Self Assessment HSAC minutes Training logs	
Persons Interviewed	Health Manager Family Service Workers (if applicable) Parents Health care providers (if applicable)	




Notes:

Prevention: Determining Child Health Status

Document Review:

- Determine whether current state-specific EPSDT schedules and national immunization recommendations (CDC/ACIP) are used by staff responsible for overseeing health services and those working with families to ensure up-to-date well child preventive and primary care.
-  • (F) Review child/family records to determine whether periodic well child examination forms, signed and dated by a health professional, are included in program files and that they occurred within 90 days of program entry. Is there evidence that abnormal findings noted during examinations are tracked to ensure progress and support until treatment is completed?
-  • (C) Review the most recent Community Assessment to determine what health care problems exist within the geographic area served by the program. What has the program done to address these issues?
-  • (C) Review the most recent Self-Assessment to determine if there were concerns identified related to children receiving examinations within required time frames. If problems were identified, what has the program done to address them?

Interview:

- Interview Health Services and Family Partnership staff to determine whether they are knowledgeable about the state periodicity schedule of well child visits and current immunization recommendations. What efforts have been made to collaborate with health care providers to facilitate access to needed examinations, vaccines, testing and/or treatment? How are parents informed about well child examinations, screenings or immunizations that are due or overdue?
-  • (C) Listen during PRISM interviews and staff discussions for community issues that could impact child/family health necessitating short or long-term local adaptations to state or national medical, dental and mental health recommendations (for example, past closure of a lead smelter in an adjacent community, lack of local dentists who accept Medicaid, a recent tragedy affecting the mental health of a small community).
-  • (C) Interview HSAC members to determine their role in making recommendations for adapting the schedule of well child care and for immunizations. Are there relevant and prevalent community health problems that necessitate these adaptations?
-  • (F) Interview focus families: In what way does the EHS/HS program provide support to ensure that well child visits occur at the recommended intervals? Has your family not obtained medical, dental or mental health services due to a barrier, such as funding, transportation or language?

Observation:

- Are EPSDT and immunization schedules posted or readily accessible to staff responsible for adherence and/or monitoring?
- Observe whether information is readily available to parents on how to obtain health insurance and ways to access medical, dental or other providers needed for their child and family.

Prevention: Determining Child Health StatusNotes:

Prevention: Screening for Developmental, Sensory and Behavioral Concerns

How does the grantee ensure that:

Culturally, linguistically and age-appropriate screening procedures are performed, in collaboration with each child's parent, within 45 days (30 day timeframe for programs operating 90 days or less) of entry into the program to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual and emotional skills? 1304.20(b)(1); 1304.20(a)(2) 1304.20(a)(1)(iii)




- What systems are in place to ensure that age-appropriate screenings take place within the required timeframe?
- Who performs screening tests? How does the program ensure that screening results are accurate?
- Do staff understand implications of test results?
- How are parents involved in the screening process?
- Is there a process for retesting children that are absent or uncooperative and ensuring further evaluation for those who fail screenings?

	Suggested Sources	Actual Sources
Documents Reviewed	Child files/tracking logs State EPSDT schedule of well child care Training records Interagency agreements	
Persons Interviewed	Health Manager Persons who perform screens Health Care Providers (if available) HSAC members Parents	

Notes:

Prevention: Screening for Developmental, Sensory and Behavioral Concerns (Expanded Protocol)

Document Review:

-  • (F) Review child health files to determine if age-appropriate screenings took place within 45 days (30 day timeframe for programs of 90 days or less) of entry into the program.
-  • (C) As applicable, review training records and/or education materials to show that EHS/HS staff, parents and/or volunteers have been properly taught to conduct screenings performed on-site.
-  • (C) (F) Review interagency agreements and/or child files for assurance that examinations, screenings and further diagnostic testing of EHS/HS children are performed by properly trained professionals.
- Review screening instruments used to ascertain whether they are standardized and appropriate to the program's needs and resources.

Interview:

- Interview EHS/HS employees that perform on-site screenings to ensure sufficient training. Are staff able to explain procedures and implication of test results? Do they understand the differences between screenings and diagnostic evaluation?
- Interview HSAC members to determine their role in ensuring screening tools are current, relevant and appropriate to the Early Head Start/Head Start population being served.
- Interview Parents: What information is shared with you about screening procedures that are performed to assess your child's senses and skills? How are you involved in the process?

Prevention: Screening for Developmental, Sensory and Behavioral Concerns

Notes:

Prevention: Injury Prevention

How does the grantee ensure that:

Staff and volunteers can demonstrate safety practices and foster safety awareness among children and parents by incorporating it into child and parent activities?

1304.22(d)(1)&(2)





- What systems are in place to prevent injuries?
- How do staff and volunteers learn about safety practices? How do children and parents learn about injury prevention?
- What routines are followed to ensure safe developmentally appropriate environments (classroom, playground, bus)?
- What processes are in place to ensure that children are supervised at all times and that they are released only to authorized persons?
- What happens if a child is injured? How and when is the family notified?
- Are injuries documented and evaluated? What is the process to ensure follow-up and reduced risk of reoccurrence, if applicable?

	Suggested Sources	Actual Sources
Documents Reviewed	Service Plans/P&P Training records Safety Checklists Accident/Injury Reports	
Persons Interviewed	Classroom Staff Volunteers (if applicable) Family Service Workers (if applicable) Parents Bus Driver or Monitor	
Observed	Classroom environment Playground/Large Motor Room Bus Home Setting	

Notes:

Prevention: Injury Prevention (Expanded Protocol)

Document Review:

- Review Service Plans and Policy & Procedure Manuals for clear protocols for prevention of injury.
-  • (C) Review policies on documentation of injuries and examine Incident/Accident Reports for patterns that deserve attention. Does it appear that one center has more injuries than others and if so, why? Are causes of incidents reviewed to determine whether improvement in the prevention or management of injuries is warranted?
-  • (H&S) Complete the Health & Safety Checklist at all centers visited and follow-up with on-site program staff about potential concerns. Are staff aware of these concerns and if so, what plans are in place to address them?
-  • (C) Review Training Records to determine whether ongoing instruction on safety practices and management of injuries is provided for staff, parents and volunteers. Are all staff certified in CPR and First Aid?
- Review procedures used by the program to assess safety and emergency preparedness. Review safety checklists developed by the program, such as used to inspect playgrounds. Note problems identified by staff and actions taken to correct unsafe conditions and prevent reoccurrence.
-  • (C) Review the most recent Self-Assessment. Were there findings related to injury prevention? If so, what has the program done to address these findings?

Interview:

- Interview classroom, volunteers, or Family Partnership staff: In what way are children and families made aware of safety practices and injury prevention? How have you learned about risk factors for childhood injuries and effective management when they occur?
- Interview teachers, bus driver and/or bus monitor: What program practices ensure that children are supervised at all times and that they are released only to authorized persons?
- Interview parents: Has your child been injured while attending the center and if so, were you immediately notified about the situation? Have classroom staff or home visitors discussed injury prevention or emergency response with you? If so, has your family made any changes aimed at preventing injuries or preparing for emergencies?

Prevention: Injury Prevention (Expanded Protocol) *continued*Observation:

- (C) Observe, while visiting centers, whether developmentally appropriate, safe environments exist and if there is sufficient adult supervision, including adequate staffing levels. Observe whether a child is left unattended or is out of sight of a staff person at any time while in the center, on the playground or while riding the bus.
- Observe practices consistent with injury prevention, such as children wearing helmets while riding bicycles or using age-appropriate safety restraints in vehicles. If these routines are not noted, has the program made efforts to address the issue or educate staff and families?
- Observe whether medications or potentially toxic materials are stored out of reach of children.
- Observe whether safety practices are modeled in the classroom and home setting and taught to children and families during daily activities.

Prevention: Injury PreventionNotes:

Prevention: Hygiene/Cleanliness of Indoor and Outdoor Premises

How does the grantee ensure that:

Staff, volunteers and children wash their hands with soap and running water after diapering and toilet use, with any food-related preparation or activity, whenever hands are contaminated with blood or other bodily fluids and after handling pets or other animals? 1304.22(e)(1)(i-iv)

Hand washing occurs before and after giving medications, bandaging a wound and after assisting a child with toilet use? 1304.22(e)(2)(i-iii)

Nonporous gloves are worn by staff when in contact with blood or other visibly bloody bodily fluids? 1304.22(e)(3)

Spills of bodily fluids are immediately cleaned and disinfected according to professionally established guidelines, as well as tools and equipment used to clean spills, and that blood-contaminated materials are disposed of in a plastic bag with a secure tie? 1304.22(e)(4)

Sanitation and hygiene procedures for diapering, that adequately protect the health and safety of children and staff, have been adopted and implemented? 1304.22(e)(5)

Potties used in center-based programs are emptied into the toilet and cleaned and disinfected after each use in a utility sink used for that purpose? 1304.22(e)(6)

Cribs and cots are spaced at least three feet apart to avoid spreading contagious illness and to allow for easy access to each infant or toddler? 1304.22(e)(7)

Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions? 1304.53(a)(10)(viii)

- What procedures ensure that the EHS/HS environment minimizes risk of disease transmission?
- What training do staff and volunteers receive pertaining to hygiene, sanitation and disinfection procedures?
- How do children learn about good hygiene practices?
- Have any communicable disease outbreaks occurred? What happened and who was involved?
- Is evidence of good hygiene observed during center visits?


Prevention: Hygiene/Cleanliness of Indoor and Outdoor Premises *continued*

	Suggested Sources	Actual Sources
Documents Reviewed	Services Plans/P&P Training records	
Persons Interviewed	Health Manager Classroom staff/volunteers HSAC members Head Start child/parents	
Observed	Center environment Hand washing technique	


Notes:

Prevention: Hygiene/Cleanliness of Indoor and Outdoor Premises (Expanded Protocol)


Document Review:

- Review policies and procedures established by the program that promote good hygiene practices and effective ways to avoid spread of contagious illness.
-  • (C) Review Training Records of staff and volunteers for topics pertaining to hygiene, sanitation and disinfection procedures aimed at reducing the risk of infectious disease.

Interview:




- Interview staff or volunteers in contact with children: How are spills of bodily fluids (urine, feces, blood, saliva, nasal discharge, eye discharge) handled? How do you dispose of blood-contaminated or potentially infectious materials?
-  • (H&S) Interview caregivers about what diapering procedures are used to protect the health and safety of children and staff. How are potties in center-based programs emptied and sanitized?
- Interview management staff: In what way does the program stay current on child care licensing regulations and changes on the local, state, national or Tribal level related to health, hygiene and safety (example: discontinuation of Syrup of Ipecac, childhood influenza immunization recommendations)?
- Interview the Health Manager and/or HSAC member(s) to determine if there have been recent outbreaks of communicable diseases that could have been prevented through regularly practiced hygiene procedures? How did the program respond and what, if any, changes were made to prevent this from happening in the future?

Observations:

- Observe classroom staff and volunteers for evidence of good hygiene (effective hand washing practices, appropriate use of gloves, proper toothbrush storage, etc.) and effective cleaning/disinfecting techniques. Is running water accessible for children and staff, and are hand washing supplies available (disposable towels, soap)? Is there evidence that children are taught to properly wash their hands?
- Observe whether signs are posted at each sink with information on times when hand washing is required and steps to follow, if indicated by state child care licensing or health department regulations.
-  • (H&S) Observe in classrooms used for infants and toddlers whether cribs and cots are spaced at least three feet apart.

**Prevention: Hygiene/Cleanliness of Indoor and Outdoor Premises
(Expanded Protocol) continued**

Observations:

-  • (H&S) Observe whether nonporous gloves are available to all staff, home visitors and bus drivers who may be exposed to bodily fluids.
-  • (H&S) Observe whether cleaning materials are stored in locations inaccessible to children.
-  • (H&S) Observe whether indoor and outdoor premises are clean and that hazardous conditions (i.e., poisonous plants, pest infestations) do not exist around Head Start facilities.

Prevention: Hygiene/Cleanliness of Indoor and Outdoor Premises

Notes:

Prevention: Pregnant Women and Newborn Care

How does the grantee ensure that:

Pregnant women are assisted in accessing early and regular (per provider schedule) comprehensive prenatal and postpartum care, including medical and dental examinations and recommended treatment? 1304.40(c)(1)(ii)

Early and continuing risk assessments occur during pregnancy with intervention, when indicated (such as nutrition counseling, substance abuse prevention and treatment services)? 1304.40(c)(1)(i)&(iii)

Prenatal education on fetal development, the benefits of breastfeeding and postpartum recovery is provided to pregnant women and other family members, as appropriate? 1304.40(c)(2)&(3)

Arrangements have been made for health staff to visit each newborn within two weeks of birth to ensure the well-being of both the mother and the child? 1304.40(i)(6)







- What systems exist to ensure that pregnant women obtain comprehensive prenatal and postpartum care?
- What training is provided to staff on risk assessments and applicable interventions?
- How do pregnant women learn about fetal development, the benefits of breastfeeding and postpartum recovery?
- What support is provided to the mother and newborn after delivery?

	Suggested Sources	Actual Sources
Documents Reviewed	Services Plans/P&P Pregnant women files Newborn files Training records Prenatal education materials Interagency agreements Resource Directory	
Persons Interviewed	Health or EHS Manager Family Service Workers Pregnant women served (if available) Health care providers/HSAC members (if available)	
Observed	Home visitation Socialization	



Notes:

Prevention: Pregnant Women and Newborn Care (Expanded Protocol)

Document Review:

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 - (F) Review files of enrolled pregnant women for provision of early and continuous prenatal care, including oral health services, and evidence of support from program staff.
- 
 - (F) Review files of enrolled pregnant women for evidence of risk assessments (including smoking and alcohol) with applicable preventive education and treatment.
- 
 - (F) Review files for documentation of prenatal education on fetal development, the benefits of breastfeeding and postpartum recovery (including maternal depression), as appropriate.
- 
 - (F) Review child files for evidence that an appropriately trained staff member or health professional has conducted a newborn visit within two weeks of delivery for early support and education to parents.
- 
 - (C) Review program records for evidence of staff training on relevant topics, i.e., prenatal care, lactation, risk factors impacting fetal and newborn health, fetal development and/or postpartum recovery (including maternal depression).
- 
 - (C) Examine interagency agreements for collaborations with professionals qualified to provide prenatal care, instruction (childbirth educators and lactation consultants) and intervention (mental health consultants; substance abuse counselors), when indicated.
 - Note whether community resource guides used by the program include sources related to pregnancy, parenting (including fatherhood initiatives) and newborn care.

Interview:

- 
 - Interview Family Service Workers with pregnant women on their caseload and/or the Health or Early Head Start (EHS) Manager: What efforts are made to ensure that prenatal and dental appointments are kept? In what way are risk assessments conducted and what is done with that information?
- 
 - (C) Interview Health Care Providers and Health Services Advisory Committee (HSAC) members, if available, to inquire about efforts to develop linkages within the community for services that assist pregnant women and the newborn child.
- Interview a pregnant woman: How have EHS staff assisted you in experiencing a healthy pregnancy? How have program staff assisted you and your family to be prepared for labor, delivery and the addition of a newborn baby into your home? What topics are covered during home visits? Have the benefits of breastfeeding been discussed with you?

Prevention: Pregnant Women and Newborn Care (Expanded Protocol) *continued*Observation:

- Observe during a home visit or socialization, whether prenatal education materials used by the Family Service Worker or other appropriate staff include discussions regarding proper health and nutrition during pregnancy, ongoing risk assessments, environmental exposures (alcohol, excessive caffeine, nicotine and recreational drugs), and fetal development.
- Observe whether provisions have been made by the program to ensure appropriate space and privacy for breastfeeding.

Prevention: Pregnant Women and Newborn CareNotes:

Early Intervention: Diagnostic Testing and Treatment

How does the grantee ensure that:

Further diagnostic testing, examination, and treatment by an appropriately qualified professional occur for each child with an observable, known or suspected health or developmental problem? 1304.20(a)(1)(iii)

A system of ongoing communication with parents of children with identified health needs occurs to facilitate implementation of the follow-up plan with assistance, as needed, for acquisition of prescribed medications, aids or equipment for medical and dental conditions? 1304.20(c)(1)&(2)

- What systems exist to ensure that further diagnostic testing, examination and treatment occurs for each child, when indicated?
- How are staff trained to assess whether screening results or suspected problems require intervention?
- How is ongoing communication with parents accomplished when health needs are identified?
- How does the program ensure that follow-up plans are implemented?
- In what ways do HSAC members and/or community partners assist in this process?

	Suggested Sources	Actual Sources
Documents Reviewed	Child files/tracking logs Service Plans/P&P Training records Interagency agreements	
Persons Interviewed	Health Manager Applicable center staff Parents HSAC members/community partners, if available	

Notes:

Early Intervention: Diagnostic Testing and Treatment (Expanded Protocol)

Document Review:



- (F) Review child files and tracking documents for timely and complete follow-up of health and developmental problems identified on well child examinations or during screenings arranged by the program.

- Is there evidence in Service Plans, Policies & Procedures or through interviews that staff obtain information on unfamiliar diagnoses in order to facilitate support to parents and to improve communication with health professionals on behalf of the affected child?



- (C) Review training records or other program documentation for evidence that staff learn to assess whether screening results or suspected health problems require evaluation or intervention.



- (C) (F) Review child files for communication with parents of children with identified health needs to facilitate follow-up for established diagnoses (such as asthma). Assess classroom and home visit notes for documentation of ongoing consultation with the family and health care providers. Do files show evidence of written parent consent for sharing information, when indicated, related to their child's health?



- (C) Review written interagency agreements or query staff about informal arrangements that support collaborations with community providers that are qualified and available to provide diagnostic testing, further examination and treatment of potential or known problems. Does the program have individuals on-site or by contract (Health Consultants) that keep current with health information advances and can apply that knowledge to the childcare setting?

Interview:



- (F) Interview staff working with children and those overseeing health services to ascertain whether they are knowledgeable about identified medical needs and recommended treatment (such as asthma in a focus child). Are staff able to recognize diagnoses found on medical or dental examination forms that require follow-up care?



- (C) Explore, during interviews with EHS/HS staff or family members, ways in which parents are assisted in understanding the importance of prevention, advocating for their child's health care needs and ensuring follow-up of suspected or diagnosed medical problems. Are parents assisted in obtaining medications, aids or equipment needed to meet a child's medical or dental needs?



- (C) Interview HSAC/Community Partners (if available): In what ways do you assist the program in supporting families with evaluating and addressing suspected or diagnosed health care or developmental needs.

Early Intervention: Diagnostic Testing and Treatment (Expanded Protocol) *continued*

Observation:



- (C) Observe for information on community resources (postings; brochures in centers or parent rooms, directories) and educational offerings that assist parents in being well-informed, effective health care consumers. What efforts are made to accommodate the needs of families that speak languages other than English?
- Observe whether staff display cultural sensitivity and show respect for families served by the program, particularly as related to beliefs about causes of illness and traditional healing practices.

Early Intervention: Diagnostic Testing and Treatment

Notes:

Early Intervention: IEP/IFSP Services and Individualization

How does the grantee ensure that:

Assistance is provided with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP)? 1304.20(c)(4)

Information from developmental, sensory and behavioral screenings, ongoing observations, medical and dental evaluations/treatments, in addition to input from parents, is used to individualize the EHS/HS program to reflect each child's characteristics, strengths and needs? 1304.20(f)(1)






- What systems are in place to ensure that each child with special needs has a written IEP/IFSP and is obtaining recommended services?
- How are staff trained to individualize instruction based on input from multiple sources and assessment of each child's strengths and needs?
- How are parents involved in the IEP/IFSP process?

	Suggested Sources	Actual Sources
Documents Reviewed	Child files/tracking log Service plans/P&P Training records Teacher notes/lesson plans	
Persons Interviewed	Health /Disability Manager Teachers Parents	
Observed	Classroom observations Center environment Home visit observations	





Notes:

Early Intervention: IEP/IFSP Services and Individualization (Expanded Protocol)

Document Review:

-  • (C) Review Service Plans or Policies & Procedures for a well-defined approach to referring children with suspected concerns or needed interventions in a timely and systematic manner.
-  • (F) Review child files or tracking logs for documentation of an IEP or IFSP for those children with identified health needs and/or evidence that staff have supported the family in accessing recommended services.
-  • (C) Review teacher notes and lesson plans for evidence that information from screening results and medical evaluations is utilized to individualize the curriculum in a determined effort to capitalize on each child's strengths and address particular needs.
 - Examine reports of infant and toddler ongoing observations (eating, sleeping, elimination and activity levels) and note how this information is exchanged with parents and used when planning daily routines.
-  • (F) Review documentation in child files of ongoing standardized assessments to determine whether children with test scores outside the "normal range" were re-tested and/or referred.
-  • (C) Assess training records for evidence that staff have received instruction on identification of medical, dental or developmental concerns and ways to individualize lessons based on each child's abilities and potential challenges.

Interview:

-  • (C) Interview the Health or Disability Manager: What systems are in place to ensure that each child with special needs has a written IEP/IFSP and is obtaining recommended services?
-  • (C) Listen during the Family Group Interview or question individual parents: Are observations concerning their child's development incorporated into the curriculum? Do ongoing assessments of the physical, social, emotional and cognitive needs of their child result in timely detection of health or developmental problems?
-  • (C) Interview teachers to learn how lesson plans are adapted and the physical environment customized to meet each child's needs and individual learning styles.
-  • (C) Interview parents (if available): How are you involved in the IEP/IFSP process? Are recommended services obtained? In what way has the program assisted in this effort?

Early Intervention: IEP/IFSP Services and Individualization
(Expanded Protocol) *continued*Observation:

- (C) Note during home visit and classroom observations ways in which activities are tailored to support the strengths and particular challenges, including medical needs, of each child.
- Observe whether teacher/child interactions respect the cultural background, linguistic practices and particular beliefs of that individual's immediate and extended family.



- (C) Observe evidence of classroom intervention and educational strategies that support the medical needs of a child or group of children. Has the EHS/HS program been individualized to meet a child's identified needs?

Early Intervention: IEP/IFSP Services and IndividualizationNotes:

Early Intervention: Emergency Procedures/Child Abuse & Neglect

How does the grantee ensure that:

Policies and procedures are established and implemented to respond to medical and dental health emergencies with which all staff are familiar and trained?

(1) Policies and plans of action for emergencies that require rapid staff response (choking) or immediate medical or dental attention are posted? 1304.22(a)(1)

(2) Locations and telephone numbers of emergency response systems are posted, and up-to-date family contact information and consent for emergency care is readily available? 1304.22(a)(2)

(3) Emergency evacuation routes are posted and safety procedures for emergencies (fire or weather-related) are practiced regularly? 1304.22(a)(3)

(4) Policies include methods of notifying parents in the event of an emergency involving their child? 1304.22(a)(4)

(5) Policies exist that define established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State or Tribal laws? 1304.22(a)(5)

- What program policies and practices ensure that prompt, effective response to emergencies occurs in all EHS/HS settings?
- How do staff learn about emergency preparedness? What measures assist staff in maintaining competence in order to respond calmly and confidently in an emergency?
- How are parents informed of emergency situations and what is their role?
- If a practice drill or actual emergency shows inadequate response, are actions taken to improve performance?
- What systems are in place to ensure identification of suspected child abuse and neglect and appropriate staff response?




Early Intervention: Emergency Procedures/Child Abuse & Neglect *continued*

	Suggested Sources	Actual Sources
Documents Reviewed	Service Plans/P&P Training records/HR files Health & Safety Checklist Child files (UTD contacts) Bus (contact information) Emergency drill logs	
Persons Interviewed	Teaching staff/volunteers Family Service Workers Bus Driver or Monitor Health Manager HSAC members	
Observed	Posted plans, emergency numbers & evacuation routes	

Notes:

Early Intervention: Emergency Procedures/Child Abuse & Neglect (Expanded Protocol)

Document Review:

- Review Service Plans and policies for comprehensive, clearly stated procedures for responding to medical and dental health emergencies.
- Review policies and procedures for detailed internal and external emergency plans, including response to weather-related disasters applicable to the region (i.e., hurricane preparedness for grantees located on the Florida coast). Are there clear provisions for the handling of children when closure of the center is necessary? Are accommodations made in standard evacuation procedures for children in wheelchairs or with significant physical disabilities?
-  • (C) Review training records to determine whether periodic instruction is provided to staff on health emergency procedures that are specific and age-appropriate. How do staff have opportunities to practice emergency drills? Do caregivers receive periodic training on recognizing signs and symptoms of child abuse/neglect and on reporting requirements as dictated by Federal, State or Tribal laws?
-  • (C) Review Human Resource files to determine whether staff CPR/First Aid training is current according to program policy.
-  • (H&S) Complete the Health & Safety Checklist for each facility visited and inquire further if concerns arise (see also Observation).

Review child files, classroom logs and bus records for up-to-date family contact information and authorization for emergency care. Note documentation of parent contact in response to an emergency or injury for thoroughness and for appropriate follow-up, when applicable.

- Review logs of periodic emergency practice drills, including unannounced evacuations, held in the center or home. In what way is information obtained during drills used to improve future response?
- Review Service Plans and program policies regarding established methods for handling cases of suspected or known child abuse/neglect, including clear confidentiality guidelines to protect individuals involved in reporting and the content of child files.

Early Intervention: Emergency Procedures/Child Abuse & Neglect (Expanded Protocol) *continued*

Interview:

- Interview Family Service Workers and Classroom staff: How would you respond to a child, with a documented egg allergy, that is suddenly wheezing, coughing, short of breath and anxious after eating a few bites of casserole served for lunch (or other emergency scenario)? What kinds of emergencies or patterns of injuries have you experienced at your center (or in the home setting)? What opportunity do parents have to learn emergency first aid and injury prevention principles? What procedures are used to identify potential child abuse or maltreatment (i.e., daily health checks)? Explain your role and response to an unexplained bruise on a child in your classroom or as noted during a home visit.
- Interview the Health Manager or HSAC members: In what way does the Health Services Advisory Committee guide the program in responding appropriately to emergencies and aftermath activities (parent contact; assessment of action taken)?
- Interview the Bus Driver or Bus Monitor (if available): In what ways are you prepared to handle emergencies during child transport?
- Interview the Health Manager or HSAC members: In what way does the Health Services Advisory Committee guide the program in responding appropriately to emergencies and aftermath activities (parent contact; assessment of action taken)?
- Interview the Bus Driver or Bus Monitor (if available): In what ways are you prepared to handle emergencies during child transport?

Observation:

- Observe whether policies and action plans needed for quick response are posted in locations at risk for emergencies (i.e., choking poster in classroom where children eat). Are evacuation routes posted?
- Observe whether telephone numbers for emergency response systems are clearly posted and if family contact information is complete, readily available and updated regularly. Is the poison control center number posted and do staff have quick access to a phone?
- Are EXIT signs in languages readily understood by children served?

Early Intervention: Emergency Procedures/Child Abuse & Neglect

Notes:

Early Intervention: Conditions of Short-Term Exclusion and Admittance

How does the grantee ensure that:

A child with a short-term injury (that cannot be readily accommodated) or contagious illness is temporarily excluded from participating in program activities or group experiences while risk to the health or safety of that child or others is present?

1304.22(b)(1)

Admission to the program is not denied to any child (or long-term exclusion of an enrolled child) solely on the basis of his or her health care needs or medication requirements unless reasonable accommodations cannot be made to reduce the health or safety risk of that child or others without fundamentally altering the nature of the program? 1304.22(b)(2)

Parents inform the program of any health or safety needs of their child and that appropriate staff are informed, according to the program's confidentiality policy, of needed accommodations? 1304.22(b)(3)





- What systems ensure that children are temporarily excluded from program activities when health or safety risks exist?
- What policies and procedures ensure that a child with health or medication needs is admitted to the program, if possible?
- What training is offered to staff pertaining to communicable diseases and chronic childhood conditions?
- How are parents involved in preventing spread of contagious illness or if their child has health or safety needs?
- How are communicable disease outbreaks handled and who is involved?

	Suggested Sources	Actual Sources
Documents Reviewed	Service Plans/P&P Training records HSAC minutes, if applicable Child files	
Persons Interviewed	Classroom staff Family Service Workers Parents Health Manager	
Observed	Classroom environment Health checks/assessments	

Notes:

Early Intervention: Conditions of Short-Term Exclusion and Admittance (Expanded Protocol)

Document Review:

- Review program material (Service Plans/Policies & Procedures) related to the prevention, recognition and management of communicable disease to determine whether policies are clear, up-to-date and guided by reputable sources of information (i.e., local public health authorities, American Academy of Pediatrics, Center for Disease Control & Prevention, and/or National Resource Center for Health & Safety in Child Care, etc)? Is a Blood-Borne Pathogens Exposure Policy available and consistent with national recommendations?
 -  • (C) Review the program's Inclusion/Exclusion Policy, Admission Policy and absentee records for evidence of discrimination or altered standards for children with health care needs or medication requirements. Is the policy clearly written? Do program procedures provide for distribution of the Exclusion for Illness Policy to families at time of enrollment?
 -  • (C) Review Service Plans and other applicable documentation to determine whether the program has adequate health policies and protocols related to the inclusion of children with chronic disease or with medication requirements. Is there evidence of sufficient staff training and monitoring to ensure the health and safety of special needs children?
 -  • (C) Review training records for evidence that education and/or resources pertaining to the spread of communicable diseases and implications for prevention and management in the childcare setting are offered to staff.
 - Review Health Services Advisory Committee (HSAC) minutes for recommendations related to the management of communicable diseases. Has the committee addressed local issues, i.e., the incidence of tuberculosis or recent outbreak of Hepatitis A and discussed implications for the program?
- Document Review:
-  • (F) Do child files or other program records show a clear description of each illness, response by staff, details of parent contact, disposition of the child (picked up from center, taken to a health care provider) and applicable follow-up (when the child can return, exposure notices, if indicated).

Interview:

- Interview classroom staff: What procedures are used to identify children with suspected contagious illness (i.e., daily health checks)? What actions are taken when a child arrives at your center with signs of illness (such as fever and rash)? How are parents notified about exposure to a diagnosed communicable disease?

Early Intervention: Conditions of Short-Term Exclusion and Admittance (Expanded Protocol) *continued*

- Interview Family Service Workers: What resources are available to you when questions about health concerns arise? How do you learn about vaccine preventable diseases and other communicable illnesses? What ways do you support families in avoiding infections and managing a child while sick?
- Interview parents: What happens if your child gets sick while attending the center? What is your understanding of the program's policy related to sick children? How were you informed about the Exclusion for Illness Policy? Have you had the opportunity to inform program staff of any health or safety needs of your child? Do staff demonstrate a respect and understanding of your health beliefs and practices?
- Interview the Health Manager: What role does the Health Services Advisory Committee (HSAC) or Health Consultant play in the prevention and management of communicable disease at your centers? Is attendance tracked and monitored for potential illness exposure concerns? How are community resources utilized when group health concerns arise? How are communicable diseases reported? Explain processes used to share sensitive health information among staff (listen for: "on a need-to-know basis while respecting confidentiality").

Observe:

- Observe whether classroom staff assess children upon arrival for evidence of illness (i.e., daily health check)? What actions are taken by staff to separate a child that becomes ill during the session from others in class? Does the child appear to be observed for other symptoms and monitored for worsening status?
- Observe whether posters or other resource information are available in classrooms on the prevention and management of communicable diseases in a Head Start or childcare setting.
- Notice whether fact sheets and public health notices are translated into language understood by families served.
- Observe whether appropriate equipment and adequate supplies are available at centers to perform necessary health procedures and accommodate a child's health or safety needs.

Early Intervention: Conditions of Short-Term Exclusion and Admittance

Notes:

Early Intervention: Medication Administration

How does the grantee ensure that:

Written procedures exist regarding the administration, handling, and storage of medication for every child that is consistent with Federal laws? 1304.22(c)

Procedures include:

(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers; 1304.22(c)(1)

(2) Designating a trained staff member or school nurse to administer, handle and store child medications; 1304.22(c)(2)

(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff; 1304.22(c)(3)

(4) Maintaining an individual record of all medication dispensed and reviewing the record regularly with the child's parents; 1304.22(c)(4)

(5) Recording changes in a child's behavior that have implications for drug dosage or type and assisting parents in communicating with their physician regarding the effect of the medication on the child; and 1304.22(c)(5)



(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling and storing medication, including the use of any necessary equipment to administer medication? 1304.22(c)(6)

- What procedures ensure that the administration, handling and storage of medicines are consistent with Federal Laws?
- How does the program ensure that the designated person responsible for child medications is qualified and follows established procedures?
- How are parents involved when medications are dispensed during program hours?
- What medication records are kept and what happens if a drug error occurs?

	Suggested Sources	Actual Sources
Documents Reviewed	Policies & Procedures Training records Medication records	
Persons Interviewed	Health Manager Designated person Parents	
Observed	Medication storage Drug labels & consents	

Early Intervention: Medication Administration (Expanded Protocol)

Document Review:

- Review program policies to ensure that written procedures exist regarding the administration, handling, and storage of medication.
-  • (C) Review training records to determine whether designated staff have been educated on procedures for administering and documenting medications.
- Review Health Services Advisory Committee (HSAC) minutes to determine whether guidance has been provided to the program on the administration, handling and storage of medication (if applicable).
-  • (F) Review medication records for instructions from a health care provider and for written parent consent. When medicine is given at the center, does documentation include the child's name, date and time of administration and name of person giving the drug along with any complications, errors or side effects that occurred?

Interview:

- Interview the Health Manager or classroom staff: Who dispenses and stores child medications at each site? What training has that individual received? What procedures are used for administering medications? How are doses and observations of child behavior recorded? What happens if a medication error occurs (wrong dose, wrong child)?
- Interview parents: At any time during the program year, has your child needed medicines to be given during the class day? If so, what arrangements were made to administer the drug (consents, prescriptions, and equipment needs, such as a nebulizer)? Are you aware of any problems related to medication administration, handling or storage at the center?

Observation:

- Observe whether medications are secure (locked) and properly stored in childproof containers in each center visited. Are drugs stored as directed (refrigerated or room temperature), unexpired and away from food? Are prescription medications in the original container and properly labeled with name of child, health care provider, drug, date of issuance and instructions on use?

Early Intervention: Medication Administration

Notes:

Early Intervention: First Aid Kits

How does the grantee ensure that:

Well-supplied, age-appropriate first aid kits are readily accessible to staff (but not children) at each facility and while off-site? 1304.22(f)(1)

First aid kits are restocked after use per regular inventory checks? 1304.22(f)(2)

- What procedures are in place to ensure that first aid kits are readily accessible and adequately supplied?
- How do staff know about program expectations related to first aid kits?
- Who monitors first aid kits?
- What is the process when supplies are needed or products are outdated?

	Suggested Sources	Actual Sources
Documents Reviewed	Policies & Procedures Training Records Inventory Checklists	
Persons Interviewed	Classroom staff Health Manager Bus Driver or Monitor	
Observed	First aid kits	

Notes:

Early Intervention: First Aid Kits (Expanded Protocol)Document Review:

- Review program materials for policies related to maintaining adequate, accessible first aid supplies in locations where children are present (classroom, playground, bus).
- Review procedures (inventory checklists), for ensuring that First Aid kits are restocked as needed.
- Review Training Records for evidence of CPR/First Aid instruction for all staff involved in the care of children. Do staff have periodic opportunities to practice the principles of basic first aid?

Interview:

- Interview Bus Driver/Monitor or applicable staff: Are first aid supplies available during group socializations and on field trips?

Interview classroom staff or the Health Manager: What staff members are responsible for conducting periodic inventories of first aid kits? What is the process when supplies are needed or products are outdated? Is there a system in place for the ongoing monitoring of first aid kits?

- Observe whether age-appropriate first aid kits and emergency contact information is accessible during class and when children are away from the center.
- Inspect the contents of first aid kits for adequate supplies relevant to program size and for inventory checks.

Observation:

- Observe whether first aid kits are out of reach of children.

Early Intervention: First Aid KitsNotes:

Managing Health Services: Tracking and Follow-up/Ongoing care

How does the grantee ensure that:

Provisions of all child health and developmental services are tracked and that follow-up services are received in a timely manner? 1304.20(a)(1)(ii)(C)

Follow-up plans are developed and implemented for identified conditions? 1304.20(a)(1)(iv)

Recommended preventive (fluoride supplements or topical fluoride, when indicated) and dental treatment are accomplished? 1304.20(c)(3)(i)&(ii)

Effective procedures exist to identify new or recurring medical, dental or developmental concerns to facilitate timely referrals and intervention? 1304.20(d)

Efficient and effective record-keeping systems exist to provide accurate and timely information regarding children, families and staff, and that confidentiality is ensured? 1304.51(g)

- What systems ensure accurate, timely and ongoing tracking of medical, dental or developmental concerns?
- When concerns are identified, what processes guarantee that recommended treatment and follow-up services are monitored until resolution?
- What training is provided to staff on the identification, tracking and recording of medical and dental conditions?
- How are families assisted in obtaining needed services for their child?
- What happens if a previously undetected health problem is suspected?

	Suggested Sources	Actual Sources
Documents Reviewed	Child files/tracking logs EPSDT schedule Training records Monitoring systems	
Persons Interviewed	Health Manager Center supervisors Teachers or Home Visitors Parents	
Observed	Security of files Child health status	

Notes:

Managing Health Services: Tracking and Follow-up/Ongoing Care (Expanded Protocol)

Document Review:



- (F) Review child files and tracking documents to determine whether medical and dental follow-up care is documented and monitored through resolution of the problem (treatment complete).
- Does the program have an effective way to track whether documentation exists in child/family files to demonstrate that medical/dental examinations, screenings and appropriate risk-assessment or testing has been accomplished according to the EPSDT periodicity schedule? How is this process monitored and by whom?
- Determine whether procedures are in place to track screening results, including a method for identifying children who need repeat testing and/or referral.

Review tracking logs or other program documents to determine whether an effective system exists for monitoring prenatal visits as recommended by the health care provider and to ensure that follow-up occurs when concerning risk factors are discovered during periodic assessments.

- Review training records: What training is provided to staff on the identification, tracking and recording of medical and dental conditions?

Interview:



- (C) Interview EHS/HS management (i.e., Health Manager) responsible for health services: What is used for tracking health services and how often are records updated? How are gaps found during tracking of examinations, required screens and follow-up addressed? What training is provided to staff that fail to ensure that required components occur within the specified timeframe and are adequately documented?



- (C) Interview the Health Manager and/or center supervisors to determine whether there is ongoing monitoring of EHS/HS child files to ensure appropriate immunization levels of enrolled children and adherence to the recommended schedule of well child visits, timely screenings and oral health encounters. Are center-specific or program-wide gaps identified and addressed?



- (C) Interview teaching staff or Family Service Workers: Describe what you would do if you observed a previously undetected health problem in a child. Who would you contact and how would the program ensure that the child received needed services?
- Interview parents: In what way has the program assisted you in obtaining needed services for your child?

**Managing Health Services: Tracking and Follow-up/Ongoing Care
(Expanded Protocol) *continued***Observation:

- Are observed practices related to the storage of health files and access to records (manual and computerized) consistent with recognized confidentiality standards? Are permission forms used to document parent consent for screenings and transfer of records? Are obvious breeches of confidentiality related to health care noted during site visits?
- Observe during visits to the classroom, home or during bus rides for evidence that staff note changes in a child's health status, appearance, behavior or skills. How do they respond to these changes?

Managing Health Services: Tracking and Follow-up/Ongoing careNotes:

Managing Health Services: Parent Involvement and Communication

How does the grantee ensure that:

Parents are immediately consulted when child health or developmental problems are suspected and actively participate in the process to ensure that their child has an ongoing source of health care and is receiving appropriate services? 1304.20(e)(1); 1304.20(e)(4)

Parents are familiarized with the use of and rationale behind health and developmental procedures administered through the program or by contract and provide authorization? 1304.20(e)(2)

Guidance is provided to parents on how to familiarize their children in a developmentally appropriate way prior to health procedures? 1304.20(e)(3)

Written documentation is maintained when a parent or other legally responsible adult refuses to give authorization for health services? 1304.20(e)(5)

Mechanisms are in place that supports communication among staff, parents, and community providers to assure follow-up services are received? 1304.51(c)






- What systems ensure timely parent contact when child health or developmental problems are suspected and promote ongoing communication regarding needed services and follow-up?
- How are staff informed about parental rights and involvement?
- What methods are used to communicate with parents and when?
- What ways do parents have to express concerns about the program? How effective are those processes and what happens to the information?

	Suggested Sources	Actual Sources
Documents Reviewed	Service Plans/P&P Child files Policy Council or Parent Committee minutes Training records	
Persons Interviewed	Program staff Parents	
Observed	Staff/parent interactions Communication sources	


Notes:

Managing Health Services: Parent Involvement and Communication (Expanded Protocol)

Document Review:

- Review Service Plans/Policies & Procedures for evidence that during initial contacts, families that have no medical home are assisted in enrolling in a system of ongoing health care.
-  • (F) Review child files to determine whether documentation of medical and dental homes, evidence of timely examinations and screening procedures, or written refusal for such services is available. In cases when parents elect not to obtain medical or dental services for their child, review efforts by program staff to explain benefits of care and support the family to access services, if indicated.
-  • (C) Review training records or other program documentation to ascertain whether parents are educated on health and developmental procedures to facilitate child participation, encourage preventive care and improve follow-up of identified needs. How are staff informed about parental rights and expected involvement?
-  • (C) Does review of Parent Committee Meeting and Policy Council minutes show discussion of challenges and/or recommendations related to accessing health and dental services?
-   • (C) (F) Review Service Plans and child files to determine whether effective systems exist for ongoing communication and partnership building among families of children with identified health needs and whether parents are involved as key partners in developing and implementing follow-up plans.

Interview

- Interview program staff and/or parents: What role do parents play in the screening process? In what way are parents shown how to familiarize their child with upcoming health procedures? How does the program work with parents to ensure follow-up of suspected abnormal screening results or for treatment of diagnosed medical problems? Is information on community resources that best meet the needs of the family shared and assistance provided by program staff in accessing those services when needed?
-  • (C) Listen during the Family Group Interview or when meeting with parents to determine whether they are familiar with health-related procedures and understand implications of test results. Are parents immediately consulted when child health or developmental problems are suspected?

Managing Health Services: Parent Involvement and Communication
(Expanded Protocol) *continued*

Observation:

- Observe staff interactions, informational postings, language used during presentations and interviews, etc. for evidence that parents are supported in being their child's primary caregiver and advocate.
- Is there evidence that information is shared with families (bulletin boards, flyers, newsletters) about health care services that are accessible and responsive to family needs?

Managing Health Services: Parent Involvement and Communication

Notes:

Managing Health Services: Community Partnerships

How does the grantee ensure that:

Active local planning and nurturing of community partnerships occurs for improving service delivery to children and families? 1304.41(a)(1)

Information is shared while preserving confidentiality standards? 1304.41(a)(1)

Affirmative steps are taken to establish ongoing collaborative relationships to ensure accessible and effective health, mental health, nutrition, disability and child protection services? 1304.41(a)(2)(i-vi)

A Health Services Advisory Committee, composed of EHS/HS parents, professionals and community volunteers, is established and maintained? 1304.41(b)

Recommendations of the Health Services Advisory Committee (HSAC) that are based on prevalent local community health problems are incorporated into the program's schedule for well child care? 1304.20(a)(1)(ii)

- What steps are taken to establish and maintain collaborative relationships to ensure accessible and comprehensive health and dental services?
- In what way do staff promote effective community partnerships?
How are community partners involved in program planning and activities?
- How are HSAC recommendations incorporated into the program's schedule for well child care and overall health operation?
- What practices ensure confidentiality of health information?

	Suggested Sources	Actual Sources
Documents Reviewed	Community Assessment Interagency agreements HSAC minutes Service Plans/P&P	
Persons Interviewed	Program staff Community Partners HSAC members Health Manager Family Service Workers	
Observed:	Staff/partner interactions Information boards	

Notes:

Managing Health Services: Community Partnerships (Expanded Protocol)

Document Review:



- (C) Review the most recent Community Assessment to learn about health related issues (high teen pregnancy rate; above average rate of low birth weight babies) affecting the population served. What has the program done to address these issues?



- (C) Review interagency agreements for community partnerships appropriate for identified local, regional or tribal needs. To what degree are collaborative relationships with the EHS/HS program reinforced through formal, written agreements?
- Review minutes of the Health Services Advisory Committee (HSAC) for guidance related to implementation of the Early Childhood Development and Health Services Written Plan and for recommendations on program or community issues affecting families served.
- Review program policies for staff guidance related to sharing privileged information to improve service delivery while honoring strict confidentiality standards.
- Review Service Plans for clearly defined procedures, including referral to appropriate professionals, when child abuse or neglect is suspected.

Interview



- (C) Listen during PRISM interviews and through discussions with individual staff for ways that access for children and families to needed health services has been strengthened through effective collaborations and program initiatives. Determine whether collaborative partnerships include providers that represent services consistent with the needs of EHS/HS families.
- Interview members of the Health Services Advisory Committee (HSAC) and/or available Community Partners about issues discussed and actions taken to address access issues or community challenges affecting EHS/HS families (i.e., access to dental treatment).
- Interview the Health Manager about ways in which the Health Services Advisory Committee (HSAC) is used to provide the program with professional expertise on medical, dental and mental health issues, and to expand linkages with local agencies.
- Interview Family Service Workers about their understanding of confidentiality and how it applies to their work with families.

Managing Health Services: Community Partnerships (Expanded Protocol)
*continued*Observation:

- (C) Observe, during the Community Partnership Interview, interaction of program staff and agency representatives for evidence of active alliances and effective collaborations with a wide range of organizations.
- Observe information boards for parent announcements on support services and prevention programs, including parenting classes, support groups, hotlines for crisis intervention, wellness activities, respite care, etc.

Managing Health Services: Community PartnershipsNotes:

Nutrition Services Protocol



(C) In collaboration with team members



(F) Focus child and family



(H&S) Included on Health & Safety Checklist

Prevention: Meeting Children's Nutritional Needs

How does the grantee ensure that:

Each child in a part-day center-based setting receives meals and snacks that provide at least 1/3 of the child's daily nutritional needs? 1304.23(b)(1)(ii)

Each child in a center-based full-day program receives meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon length of the program day? 1304.23(b)(1)(ii)

All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program are served a nourishing breakfast? 1304.23(b)(1)(iii)

Nutrition services are supported by staff or consultants who are registered dietitians or nutritionists? 1304.52(d)(3)




- What policies, procedures and plans support provision of nutritious meals and snacks for each enrolled child?
- How does the program ensure that a qualified person is responsible for the menu to ensure that meals and snacks meet appropriate levels of the child's daily nutritional needs?
- What guidance do cooks receive to support the preparation of safe, nourishing foods?
- In what way are parents involved in food choices or nutrition activities?

Prevention: Meeting Children's Nutritional Needs *continued*

	Suggested Sources	Actual Sources
Documents reviewed	Human Resource files Interagency agreements Training records Service Plans/P&P EHS/HS menus	
Persons Interviewed	Nutrition Manager Cooks Parents	
Observed	Meal service Posted menus	

Notes:

Prevention: Meeting Children's Nutritional Needs (Expanded Protocol)Document Review:

-  • (C) Review Human Resource files or Interagency Agreements to ensure that a Registered Dietitian (RD) or Nutritionist is employed by the program or available through contract to support nutrition services.
-  • (C) Review Service Plans or Policies & Procedures for evidence that a qualified person is responsible for the development and adjustment (substitutions) of the menu to ensure that meals and snacks meet appropriate levels of the child's daily nutritional needs (i.e., documentation of RD approval).
-  • (C) Review training records to ensure that food service personnel (cooks) have received appropriate education to support the preparation of safe, nourishing foods that meet each child's daily nutritional needs?
- Review policies, procedures and plans that support provision of nutritious meals and snacks for each enrolled child.
- Review Early Head Start and Head Start menus for evidence that foods are nutritious, varied and appropriate for the population served. Assess whether resources are available to applicable staff, such as guidelines for meal patterns of the USDA Child and Adult Care Food Program (CACFP), to ensure that the menu meets 1/3 to 1/2 of the child's daily nutritional needs depending on program option.

Interview

- Interview the Nutrition Manager or consultants responsible for development and/or approval of the menu regarding their qualifications and involvement in nutrition services. How does the program ensure that meals and snacks meet appropriate levels of the child's daily nutritional needs?
- Interview cooks: What practices ensure that food storage, preparation and delivery meet CACFP meal requirements for effective sanitation and good nutrition?
- Interview parents: In what way are you involved in the selection of foods used by the program or with nutrition activities?

Prevention: Meeting Children’s Nutritional Needs (Expanded Protocol)
continued

Observation:

- Observe whether breakfast is served to children in morning center-based centers visited. If not, do staff attempt to identify children that arrive without breakfast and provide food to adequately meet their dietary needs?
- Observe whether foods served to children attending center-based programs and group socializations are nutritious and developmentally appropriate.
- Observe whether a current menu is posted in food preparation areas and is available for caregivers and parents.

Prevention: Meeting Children’s Nutritional Needs

Notes:

Prevention: Dental Hygiene

How does the grantee ensure that:

Staff promote effective dental hygiene among children in conjunction with meals?
1304.23(b)(3)

Recommended preventive care (fluoride supplements or topical fluoride, when indicated) and dental treatment are accomplished? 1304.20(c)(3)(i)&(ii)

- What policies and procedures ensure that effective dental hygiene among children is promoted by staff in conjunction with meals?
- What systems ensure that preventive care and dental treatment is accomplished?
- What training do staff obtain related to prevention of early childhood caries and proper dental hygiene?
- How do children and parents learn ways to reduce risks for dental problems?
- What resources are available in the community for preventive care and dental treatment?

	Suggested Sources	Actual Sources
Documents reviewed	Policies & Procedures Classroom schedule Training records Parent meeting minutes Newsletters (if applicable) HSAC minutes Resource Directory	
Persons Interviewed	HSAC members Health or Nutrition Manager Family Service Workers Classroom staff Parents	
Observed	Dental hygiene Toothbrush storage	

Notes:

Prevention: Dental Hygiene (Expanded Protocol)

Document Review:

- Review policies and procedures related to dental hygiene for Early Head Start/Head Start children.



- (H&S) Review daily classroom schedule for inclusion of effective dental hygiene in conjunction with meals (tooth brushing).

Review the most recent Community Resource Directory for availability of dental providers within the program service area that care for EHS/HS families.



- (C) Review training records, Parent Committee meeting minutes or other program documents (i.e., newsletters) for education to staff and/or parents on prevention of early childhood caries and proper dental hygiene.
- Review Health Services Advisory Committee (HSAC) minutes for discussions and recommendations related to promotion of good oral health among children and their families, if identified as a need in the Community Assessment.

Interview

- Interview Health Services Advisory Committee (HSAC) members about dental resources within the community and access to these services by the Early Head Start/Head Start population. Assess their support to the program in promoting effective oral hygiene practices in the classroom and family home.
- Interview health/nutrition services staff or Family Service Workers about parent education related to the importance of preventive care, including fluoride supplements (if indicated) and dental sealants, if consistent with program policy and HSAC recommendations. Are these services available in the community and accessible (availability of transportation or interpretation services, if needed).
- Interview classroom staff about dental hygiene practices used daily in the classroom and educational strategies for children and parents aimed at reducing risk factors for tooth decay.
- Interview parents about their knowledge about prevention of early childhood caries (not putting a child to bed with a bottle, reduce frequent sugar consumption, tooth brushing, etc) and ways that the program has assisted them with this understanding.

Prevention: Dental Hygiene (Expanded Protocol) *continued*Observation:

- (H&S) Observe whether children practice effective dental hygiene that is appropriate for the age and developmental level of children present in conjunction with meals. Is oral care practiced among infants enrolled in Early Head Start, i.e. using gauze until toothbrush use is indicated?
- Observe the manner in which toothbrushes are stored to maintain cleanliness and avoid contamination.

Prevention: Dental HygieneNotes:

Prevention: Food Safety and Sanitation

How does the grantee ensure that:

All applicable Federal, State, Tribal and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers, are met and evidence indicating compliance is posted? 1304.23(e)(1)

Contracts include only food service vendors that are licensed in accordance with State, Tribal or local laws? 1304.23(e)(1)


Facilities are available for the proper storage and handling of breast milk and formula? 1304.23(e)(2)

- What systems ensure compliance with food safety and sanitation standards?
- How do cooks learn appropriate food storage, preparation and service?
- What kitchen practices promote safe and sanitary food storage and preparation?
- What actions are taken if an issue is identified during a state inspection? Who is involved and what follow-up occurs, if indicated?



	Suggested Sources	Actual Sources
Documents reviewed	Local/state inspection reports Monitoring records Policies & Procedures	
Persons Interviewed	Health or Nutrition Manager Cooks	
Observed	Posted inspections Kitchen practices Meal service Center environment	

Notes:

Prevention: Food Safety and Sanitation (Expanded Protocol)Document Review:

- Review recent local and/or state inspection reports of facilities visited for compliance with food safety and sanitation measures. Obtain evidence showing follow-up of identified deficiencies, if applicable.
-  • (C) Review on-going monitoring documentation of self-inspections to ensure maintenance of food sanitation standards. Assess whether follow-up of identified problems has occurred, if applicable.
- Review policies and procedures related to food safety and sanitation. What provisions are in place to ensure that staff with signs or symptoms of illness do not handle food?

Interview




-  • (C) Interview Health/Nutrition Services staff about procedures for monitoring compliance with food sanitation standards and follow-up of self-assessment results and inspection reports.
-  • (C) Interview program staff about procedures to ensure that food service vendors/contractors, if used by the program, meet State, Tribal or local regulations.
- Interview cooks about measures taken to ensure safe food storage, preparation and service, including during transport.

Observation:

- Observe whether evidence is posted in centers visited of compliance with Federal, State, Tribal and local food safety and sanitation laws.
- Observe whether proper hand washing, use of gloves, hair protection and other evidence of sanitary hygiene (i.e., clean nails and clothing) occurs in conjunction with food preparation.
- Observe whether food safety practices, i.e. evidence of temperature logs and working thermometers, washing of fresh fruits and vegetables, and appropriate storage routines are in place if required by state regulations.
- Observe whether kitchen safety practices show evidence of a sanitary, well-organized environment if required by state regulations. Is a three-compartment sink (or equivalent arrangement) or an approved dishwasher available to ensure sanitation of dishes and pans used for food preparation?

Prevention: Food Safety and Sanitation (Expanded Protocol) *continued*

Observation:

- Observe whether leftover food on individual plates or in family-style containers is discarded because of contamination risk.
-  • (H&S) Observe whether facilities are available for the proper storage and handling of breast milk and formula.
-  • (H&S) Observe whether garbage and trash are stored and disposed of in a safe, sanitary manner.
-  • (H&S) Observe whether indoor premises, including the kitchen and area where meals are served, are cleaned daily and kept free of undesirable and hazardous materials and conditions.

Prevention: Food Safety and Sanitation

Notes:

Early Intervention: Identification of Nutritional Needs

How does the grantee ensure that:

Staff and families work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

(1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit)? 1304.23(a)(1)

(2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants, toddlers and each child with disabilities? 1304.23(a)(2)

(3) Infant and toddler feeding schedules, amounts and types of food provided, meal patterns, new foods, food intolerances and preferences, voiding patterns and observations related to developmental changes in feeding and nutrition? This information must be shared with parents and updated regularly. 1304.23(a)(3)

(4) Information about major community nutritional issues, as identified through the Community Assessment, the Health Services Advisory Committee or local health department? 1304.23(a)(4)






- What systems are in place to identify each child's nutritional needs? Who is involved in that process?
- How is relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained? What is done with that information?
- How do staff learn the normal ranges for nutrition-related assessment data? In what way are parents involved in identifying their child's nutritional needs?
- What happens when a child is overweight for height or has a low hemoglobin/hematocrit?

	Suggested Sources	Actual Sources
Documents reviewed	Child files/tracking logs Service Plans/P&P HSAC minutes Interagency agreements Training records	
Persons Interviewed	Health/nutrition staff Family Service Workers Parents	
Observed	Meal service Special dietary requirements	

Notes:

Early Intervention: Identification of Nutritional Needs (Expanded Protocol)

Document Review:

-  • (C) Review policies or program plans that define procedures for identifying each child's nutritional needs and ensuring periodic reassessment, particularly to meet the changing feeding requirements of infants, toddlers and children with disabilities.
- Review Health Services Advisory Committee (HSAC) minutes for recommendations related to acquisition of hemoglobin/hematocrit values and information about program or community nutritional issues, if applicable.
-  • (C) Review interagency agreements (i.e., WIC), if available, and parent consents on provisions for sharing nutrition-related assessment data (height, weight, lead, hemoglobin/hematocrit).
-  • (F) Review child files for evidence that information was obtained from the parent, legal guardian or health care provider on specific nutrition and feeding needs (i.e., nutrition history or assessment). Note whether written instruction on dietary modification or special feeding techniques obtained from the parent or health care provider is available, if indicated.
-  • (F) Review child files for documentation of nutrition-related assessment data, including height, weight, and hemoglobin/hematocrit. Review tracking tools and charts used to identify growth patterns or abnormal laboratory values requiring follow-up.
-  • (C) Review training records to identify how staff learns about normal ranges for nutrition-related information.

Interview

- Interview Health/Nutrition Services or Family Service Workers about practices for obtaining nutrition-related assessment data, including height, weight and hemoglobin/hematocrit for each child. What is their understanding of this information? How do they use the assessment data to benefit the child?
- Interview program staff responsible for health and nutrition regarding procedures for identifying assessment values that are outside the normal range, i.e., overweight for height, low hematocrit for age. What services are provided to children and families when potential problems are identified? How are responses to issues documented and tracked to ensure follow-up until resolution?

Early Intervention: Identification of Nutritional Needs (Expanded Protocol) *continued*

- Interview parents about ways in which staff work with them to identify their child's nutritional needs, including family eating patterns, cultural preferences and special feeding requirements. In what manner and how often is information shared with parents of infants and toddlers regarding feeding schedules, eating behaviors and voiding patterns?

Observation:

- (C) Observe whether children with special dietary needs or disabilities are receiving assistance needed to meet their feeding requirements.
- Observe whether written information on the special needs/dietary modifications is available for kitchen and classroom staff.

Early Intervention: Identification of Nutritional Needs**Notes:**

Early Intervention: Appropriate Foods

How does the grantee ensure that:

Each infant and toddler in center-based settings receives food appropriate to his or her nutritional needs, developmental readiness and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements? 1304.23(b)(1)(iv)

For 3-5 year olds, the quantity and kinds of food served conforms to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements? 1304.23(b)(1)(v)

For 3-5 year olds in center-based settings or other Head Start group experiences, foods served are high in nutrients and low in fat, sugar and salt? 1304.23(b)(1)(vi)

- How does the program ensure that meals meet the requirements of the CACFP?
- Who determines what foods are served (menu composition)?
- How does the program ensure that food served to infants and toddlers is developmentally appropriate?
- How do parents learn about appropriate serving sizes and food choices?
- Are foods served that pose risk of choking? Are action plans for choking emergencies posted for rapid staff response?

	Suggested Sources	Actual Sources
Documents reviewed	Policies & procedures Menus Job descriptions or contracts	
Persons Interviewed	Center or home-based staff Parents Cooks RD or Nutritionist	
Observed	Food/formula served Posted emergency plans	

Notes:

Early Intervention: Appropriate Foods (Expanded Protocol)Document Review:

- Review policies and procedures requiring that meals, including storage, preparation and service, meet requirements of the child care component of the U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP).
- Review menus to confirm that the quantity and kinds of food served conforms to recommended serving sizes and minimum standards. Substantiate that menus reflect food appropriate for the nutrient needs, developmental readiness and feeding skills of toddlers and preschool children.
- Review applicable job descriptions and/or contracts to substantiate that a qualified person is responsible for menu composition, including modifications.
- Review menus to confirm the absence of foods that pose risk of choking and items that are high in fat, sugar or salt.

Interview

- Interview agency and home based staff to explore ways in which CACFP infant and toddler meal patterns or other recognized standards are used to educate parents on appropriate serving sizes and food choices to offer in the home. Question parents, if available, about how and to what extent this information is provided.
- Interview food service personnel and caregivers about procedures used to ensure that infants and toddlers receive food appropriate for their individual nutrition requirements and developmental readiness.
- If available, interview the nutrition professional (i.e. Registered Dietitian or Nutritionist) used by the program to approve menus, including those that accommodate needed dietary modifications. What support is provided to the program regarding dietary modifications for individual children and to ensure appropriate food substitutions?

Observation:

- Observe whether food served in center-based settings is appropriate to the nutritional needs, developmental readiness and feeding skills of enrolled children.
- Observe whether meals and snacks include foods that avoid choking risks and are high in nutrients and low in fat, sugar and salt.

Early Intervention: Appropriate Foods (Expanded Protocol) *continued*



- (H&S) Observe whether policies and plans of action for emergencies that require rapid response on the part of staff (such as a child choking) or immediate medical or dental attention are clearly posted.

Early Intervention: Appropriate Foods

Notes:

Early Intervention: Scheduling Meal Times; Feeding on Demand

How does the grantee ensure that:

Meal and snack periods in center-based settings are appropriately scheduled and adjusted, when necessary, to ensure that individual needs are met? 1304.23(b)(1)(vii)

Infants and young toddlers are fed “on demand” to the extent possible or at appropriate intervals? 1304.23(b)(1)(vii)

- What policies and plans guide staff on the scheduling of meals and snacks?
- How do staff learn about the feeding needs of infants and toddlers?
- What communication with parents occurs to support the individual needs of young children?

	Suggested Sources	Actual Sources
Documents reviewed	Policies and plans Menus Classroom schedules	
Persons Interviewed	Teachers/caregivers Parents Nutrition Manager	
Observed	Demand feeding of infants Young toddler meals/snacks	

Notes:

Early Intervention: Scheduling Meal Times; Feeding on Demand (Expanded Protocol)

Document Review:

- Review policies and health/nutrition service plans for guidance on the scheduling of meals and snacks. Is information provided about demand feeding for infants?
- Review menus or classroom schedules for the appropriate number of meals and snacks in center-based classes based on CACFP guidelines.

Interview

- Interview the Nutrition Manager, teachers or caregivers about how the nutritional and nurturing needs of individual children are met.
- Interview parents on whether the feeding needs of their infants or toddlers are accommodated by the Early Head Start program. What communication with program staff occurs and how often?

Observation

- Observe whether infants are being fed on demand and if young toddlers are provided food at reasonable intervals.

Early Intervention: Scheduling Meal Times; Feeding on Demand

Notes:

Managing Nutrition Services: Program Design and Implementation

How does the grantee ensure that:

The design and implementation of the nutrition program meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities? 1304.23(b)(1)

The nutrition program serves a variety of foods which consider cultural and ethnic preferences and which broaden the child's food experience? 1304.23(b)(1)

Home-based program options provide appropriate snacks and meals to each child during group socialization activities? 1304.23(b)(2)

Parents and appropriate community agencies are involved in planning, implementing and evaluating the agencies' nutritional services? 1304.23(b)(4)





- Are nutrition-related issues identified on the most recent Community Assessment? How is this information used by the program?
- Is a variety of foods offered which take into account the cultural and ethnic preferences of families served?
- How are parents and community partners involved in nutrition services?
- How does the program accommodate children with special dietary needs or feeding requirements?
- Did the program's Self Assessment address Nutrition Services? Were significant strengths and concerns identified? What change occurred if significant issues were recognized?

	Suggested Sources	Actual Sources
Documents reviewed	Community Assessment Menus Child files Monitoring tools Self Assessment	
Persons Interviewed	Nutrition Manager RD or Nutritionist HSAC members or Community Partners (if available) Parents	
Observed	Center-based meal service Socialization meals or snacks	



Notes:

Managing Nutrition Services: Program Design and Implementation (Expanded Protocol)

Document Review:

-  • (C) Review whether the most recent Community Assessment identifies nutrition-related needs of the population served (i.e., elevated blood lead levels, incidence of childhood obesity). How is this information incorporated into the design and implementation of the program?
-  • (F) Review menus and child files for evidence that information from nutrition assessments reflects the needs of each individual child. Are foods reflective of cultural and racial groups serviced by the agency?
-  • (C) Review monitoring tools and strategies used by the program to assess whether compliance is achieved in the areas of nutrition and food service. Note whether documentation of follow-up exists for identified issues.
-  • (C) Review the most recent Self Assessment for content addressing Nutrition Services. Were significant strengths and concerns identified? What change occurred if significant issues were recognized?

Interview

- Interview staff about the types of food learning experiences that are offered in the classroom and home settings.
-  • (C) Interview management staff responsible for nutrition services: Describe practices related to the ongoing monitoring of food storage, preparation and delivery. What change occurred as a result of problems identified during ongoing monitoring?
- Interview nutrition professionals (RD or Nutritionist) and/or program staff about how foods are responsive to cultural and ethnic groups represented in the program. What assistance is provided to the program regarding menu modifications for children with special dietary needs and for children with disabilities?
- Interview Health Services Advisory Committee (HSAC) members or other Community Partners: What key nutrition issues exist in communities served by the program? What assistance is available in the community to address nutrition-related problems? Are community resources (i.e., WIC) used by the program for the benefit of families served?
-  • (C) Listen during the Family Focus Group about whether the program meets the medical and dietary needs of children served. Interview parents about ways in which they are involved in the planning, implementing and evaluating of nutrition services.

Managing Nutrition Services: Program Design and Implementation
(Expanded Protocol) *continued*Observation:

- Observe whether meals meet the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities.
- Observe whether meals or snacks are provided during group socializations.
- Observe whether menus are posted in prominent locations, showing all foods to be served during the month and that this information is made available to parents.

Managing Nutrition Services: Program Design and ImplementationNotes:

Managing Nutrition Services: Meal Service

How does the grantee ensure that:

Nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:

- (1) A variety of food is served which broadens each child's food experiences?
1304.23 (c)(1)
- (2) Food is not used as punishment or reward and that each child is encouraged, but not forced, to eat or taste food? 1304.23(c)(2)
- (3) Sufficient time is allowed for each child to eat? 1304.23(c)(3)
- (4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible? 1304.23(c)(4)
- (5) Infants are held while being fed and are not laid down to sleep with a bottle?
1304.23(c)(5)
- (6) Medically-based diets or other dietary requirements are accommodated?
1304.23(c) (6)
- (7) Opportunity is provided for the involvement of children, as developmentally appropriate, in food-related activities? 1304.23(c)(7)

- What systems are in place to ensure that family-style meals are appropriately scheduled and managed?
- How are new foods introduced to infants and toddlers? What is the parent's role in that process? Are infants held while fed?
- How are families involved in food related activities?
- Are children allowed to make food choices, including quantity, based on individual appetites and preferences? How are positive attitudes fostered?
- How are special dietary needs and feeding requirements accommodated?

Managing Nutrition Services: Meal Service *continued*

	Suggested Sources	Actual Sources
Documents reviewed	Service Plans/P&P Menus Classroom schedules	
Persons Interviewed	Nutrition Manager Classroom staff Family Service Workers Parents	
Observed	Infant feedings Meal service	

Notes:

Managing Nutrition Services: Meal Service (Expanded Protocol)

Document Review:

- Review service plans and policies regarding food service, including requirements for family-style meals that include staff and volunteers. Note whether appropriate procedures exist for the feeding of infants and young toddlers.
- Review menus to confirm that a variety of foods are served for toddlers and preschoolers.
- Review classroom schedules to note whether sufficient time is scheduled for food service.

Interview

- Interview the Nutrition Manager, classroom staff or parents about procedures related to the introduction of new foods to infants and toddlers. How are special diets and feeding needs accommodated while still contributing to a positive learning experience for affected children?
- Interview classroom staff or Family Service Workers about methods used to promote positive attitudes among children regarding healthy eating practices. In what way are children involved, as developmentally appropriate, in food-related activities? Are families involved in food preparation or meal time activities at the program? How are good nutrition and sanitation practices transferred to the home setting?

Observation:

- Observe whether a variety of age appropriate foods are served to broaden each child's learning experience.

Observe whether developmentally appropriate seating and utensils are used during meals.
- Observe whether children are allowed to make food choices, including quantity, based on individual appetites and preferences. Note that food is not used as punishment or reward and whether each child is encouraged, but not forced, to eat.
- Observe whether sufficient time is allowed for each child to eat.
- Observe whether staff and volunteers eat with children in a family-style setting and share the same foods, when possible. How are they interacting with the children?

Managing Nutrition Services: Meal Service (Expanded Protocol) *continued*

- Observe whether staff and volunteers model appropriate meal time behavior and use opportunities during conversations at the table to develop positive attitudes among children toward healthy foods.
- Observe whether infants attending Early Head Start sessions are held while fed and if the classroom environment is positive.
- If applicable in centers visited, observe whether medically-based diets or other dietary requirements are accommodated.
- Observe whether kitchen safety practices show evidence of a sanitary, well-organized environment if required by state regulations. Is a three-compartment sink (or equivalent arrangement) or an approved dishwasher available to ensure sanitation of dishes and pans used for food preparation?

Managing Nutrition Services: Meal Service

Notes:

Disabilities Services Protocols

How does the grantee ensure that:

Its program is designed and managed to make at least ten percent of their enrollment opportunities available to children with disabilities and support the effective inclusion of these children and their families in the full range of program activities?

Its services to children with disabilities and their families are well coordinated with community partners, particularly the local education agencies (LEAs) and Part C agencies responsible for implementing the Individuals with Disabilities Education Act?

The need for any early intervention, special education, and/or related services is identified promptly and in coordination with the Part C agency and/or LEA?

Children determined to have disabilities receive special education and related services needed through implementation of an IEP/IFSP?

Parents of children with disabilities are supported and involved as decision-makers and receive information and assistance in understanding and advocating for services and support needed to address their child's special needs?

1. Program Planning and Management for Quality Disabilities Services:

How does the grantee ensure that its program is designed and managed to make at least ten percent of their enrollment opportunities available to children with disabilities and support the effective inclusion of these children and their families in the full range of program activities?

1.A) Is there an up-to-date written plan for the program's disabilities services? Have parents and community partners contributed to this plan?

1.B) Are program management, policy groups, and governing body involved in assuring that resources are allocated to address needs of children with disabilities? Does the budget reflect this support?

1.C) Does the program have and implement procedures for recruitment, selection, and enrollment that assures at least 10% of enrollment opportunities are made available to children with disabilities, including children with more significant disabilities?

1.D) Is the program managed in a way that supports implementation of quality disabilities services? Were disabilities services examined in the program's self-assessment and were any identified concerns addressed?

1.E) Does program implement procedures to ensure that its practices and facilities meet requirements of Sect. 504 of Rehab Act and Americans with Disabilities Act (ADA)? Has it made alterations/accommodations needed to enable participation of persons with disabilities in the program (including parents, staff, and community members)?

1.A) Is there an up-to-date written plan for the program's disabilities services? Have parents and community partners contributed to this plan?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities services plan:</u></p> <ul style="list-style-type: none"> • Does the plan include information regarding local needs and resources in disabilities services? • Has the document been updated annually? <p><u>Policy Council documents:</u> Have policy groups reviewed and approved the plan annually?</p>	
Persons Interviewed	<p><u>Program Director and Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • How were local stakeholders involved in the planning process? How and when was this plan updated? • What plan features do you regard as most important in promoting inclusion of children with disabilities? <p><u>Parents of Children with Disabilities:</u></p> <ul style="list-style-type: none"> • Did parents review and provide input on the program's plan for disabilities services? • Does this program plan ahead in order to be well prepared to include children with disabilities and their families? <p><u>Community Partners:</u> Has program worked with you to identify local needs and resources? Have you reviewed and provided input to their plan?</p>	
Program Services Observed		

Relevant regulations:

1304.51(a)(1)(iii) The development of written plan(s) for implementing services in each of the program areas...

1304.51(a)(2) All written plans... reviewed and approved by the Policy Council or Policy Committee at least annually, and must be revised and updated as needed.

Following regs from 1308 apply only to programs serving preschool age children

1308.4(a) ...must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure--all components of Head Start are appropriately involved in the integration of children with disabilities and their parents; and

(b).... plan must be updated annually.

(c) The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities.

1308.4(d) The Head Start grantee and delegate agency must use the disabilities service plan as a working document which guides all aspects of the agency's effort to serve children with disabilities...(1308.4. e- o describes plan features).

1.B) Are program management, policy groups, and governing body involved in assuring that resources are allocated to address needs of children with disabilities? Does the budget reflect this support?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Program Budget:</u></p> <ul style="list-style-type: none"> • How are resources allocated to implement activities in the disabilities services plan? • Has the Disabilities Services Coordinator worked with Director to develop budget that supports disabilities services? <p><u>Policy Council Proceedings:</u> Has policy group engaged in reviewing the allocation of resources that support disabilities services?</p>	
Persons Interviewed	<p><u>Program Director:</u></p> <ul style="list-style-type: none"> • How has the Policy Council been involved in issues affecting allocation of resources for disabilities services? • How is Disabilities Services Coordinator included in planning and budgeting? What are procedures for updating disabilities services plan and corresponding budget annually? <p><u>Policy Council/Committee:</u> What information does the policy group use in allocating resources to assure quality services for children with disabilities and their families?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>Disabilities Services Coordinator:</u> How do you work with the Director and policy groups to assure resources are allocated to address needs of children with disabilities? Discuss a recent example in detail.	
Program Services Observed	<u>General Program Observation:</u> Are services, materials, and equipment supporting disabilities services being provided as described in budget plans?	

Relevant regulations:

1304.51(a)(1)(ii) The formulation of both multi-year (long-range) program goals and short-term program and financial objectives that address the findings of the Community Assessment...and reflect the findings of the program's annual self-assessment; and

1304.51(a)(2) All written plans for implementing services, and the progress in meeting them, must be reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and must be revised and updated as needed.

The following regs from 1308 apply only to programs serving preschool age children:

1308.4(e) ...designate a coordinator of services for children with disabilities (disabilities coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities... must ensure that all relevant coordinators, other staff and parents are consulted.

1308.4(m) The disabilities coordinator must work with the director in planning and budgeting of grantee funds to assure that the special needs identified in the IEP are fully met; that children most in need of an integrated placement and of special assistance are served; and that the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their special needs.

1308.4(n) The grant application budget ...must reflect requests for adequate resources to implement the objectives and activities in the disability services plan and fulfill the requirements of these Performance Standards.

1308.4(o) The budget request included with the application for funding must address the implementation of the disabilities service plan. Allowable expenditures include: ...

1.C) Does the program have and implement procedures for recruitment, selection, and enrollment that assure at least 10% of enrollment opportunities are made available to children with disabilities, including children with more significant disabilities?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Attendance Records/PIR:</u> Review data on children with disabilities in the program. How many children with disabilities are served now? What percentage of funded enrollment is that? (If below 10%, review prior year data; is program addressing this?)</p> <p><u>Recruitment/Selection Plan:</u> Is there a systematic approach to recruit, select, and enroll those children with disabilities who are most in need of services?</p> <p><u>Recruitment materials:</u> Do materials include priority of enrolling children with disabilities? Are materials disseminated in a way planned to reach families of children with disabilities?</p> <p><u>Community assessments:</u> How was information on needs of local children with disabilities and resources from community partners used to plan disabilities services?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Recruitment Lead Staff:</u></p> <ul style="list-style-type: none"> • Describe procedures you follow to assure at least 10% of enrollment opportunities are for children with disabilities. • How are recruiters trained/supervised to prevent discrimination based on level/type of disability? <p><u>Disabilities Services Coordinator:</u> What percentage of current enrollment are children with disabilities? If below 10%, what is program doing to address this? Describe your role in recruitment and selection.</p> <p><u>LEA/Part C Partners:</u></p> <ul style="list-style-type: none"> • Does this program coordinate with you in its recruitment and enrollment of children with disabilities? Do they make efforts to include children with previously identified disabilities? • Does the program include children with more significant disabilities? If they do not, why do believe this is so? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Program Services Observed	<u>Recruitment activities/displays:</u> Are there activities/displays that welcome applications from families of children with disabilities? <u>Program Operations:</u> Are there program features that discourage enrollment of children with disabilities?	

Relevant regulations:

1305.6(c) At least 10 percent of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities who meet the definition for children with disabilities in Sec. 1305.2(a).

An exception to this requirement will be granted only if the responsible HHS official determines, based on such supporting evidence as he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so...

1305.3(c) Each Early Head Start and Head Start grantee agency must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area: ... 3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies

Following regs from 1308 apply only to programs serving preschool age children

1308.5(a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities. (See also 1308.5(f) ... recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.

1308.5(b) A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101).

1.D) Is the program managed in a way that supports implementation of quality disabilities services? Were disabilities services examined in the program's self-assessment and were any identified concerns addressed?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Self-Assessment:</u></p> <ul style="list-style-type: none"> • Is information regarding disabilities services included in the self-assessment? • Were concerns identified? If so, how were they addressed? <p><u>Position Description for Disabilities Services Coordinator:</u> Are qualifications and responsibilities appropriate? Does position require training and experience individualizing and securing services for children with disabilities?</p> <p><u>Budget:</u> Have resources been allocated to support management of quality disabilities services, including any concerns identified in the self-assessment?</p> <p><u>Consultant contracts for disabilities services:</u> What kinds of consulting services have been acquired? How do these services address program objectives for disabilities services?</p> <p><u>Staffing/Supervision Plans:</u></p> <ul style="list-style-type: none"> • Is the supervisory/staffing structure for disabilities services adequate to accomplish program goals and objectives? • What are the procedures/plans for training and supervising staff on serving children with disabilities and their families? Are responsibilities clearly described? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Program Director/Managers:</u></p> <ul style="list-style-type: none"> • What were major findings of self-assessment for disabilities services? How did these findings affect your planning and management in disabilities services? • Describe how your program's training and supervision of staff supports quality disabilities services. <p><u>Disabilities Services Coordinator:</u> How do you work with other managers to coordinate efforts to support and supervise staff in implementing disabilities services?</p> <p><u>Staff:</u></p> <ul style="list-style-type: none"> • Were you involved in your program's self-assessment of disabilities services? • Do you receive the support/supervision and training you need to effectively include children with disabilities? • Describe areas where staff need the most support in serving children with disabilities and their families in your program. 	
Program Services Offered	<p><u>Program Operations:</u> Are staff receiving support/supervision to serve children with disabilities?</p>	

Relevant regulations:

1304.51(i)(1) At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.

1304.52(a)(1) Grantee and delegate agencies must establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure must address the major functions and responsibilities assigned to each staff position and must provide evidence of adequate mechanisms for staff supervision and support.

1304.52(a)(2)(ii) Management of early childhood development and health services, including child development and education; child medical, dental, and mental health; child nutrition; and, services for children with disabilities; and

1304.52(d)(7) Disability services must be supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

1304.52(k)(3) At a minimum, this system must include ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards.

Following regs from 1308 apply only to programs serving preschool age children

1308.4(o)(1)...disabilities coordinator ...essential to assure that programs have the core capability to...

1.E) Does program implement procedures to ensure that its practices and facilities meet requirements of Sect. 504 of Rehab Act and Americans with Disabilities Act (ADA)? Does it make alterations/accommodations needed to enable participation of persons with disabilities in the program (including parents, staff, and community members)?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Self-reviews of program accessibility:</u> What procedure/tool does program use to assess its accessibility? Do they reference Sec. 504/ADA guidelines? Do they cover all areas of program activity?</p> <p><u>Renovation/Construction Plans:</u> Do plans address compliance with accessibility requirements of Sec. 504/ADA?</p> <p><u>Policy/Procedures:</u> Do materials contain information on non-discrimination and accessibility for persons with disabilities?</p>	
Persons Interviewed	<p><u>Program Director:</u> How do you assure the program's compliance with regulations on accessibility and non-discrimination based on disability (i.e., Sec 504/ADA)? Has the program received complaints about accessibility or discrimination?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>Disabilities Services Coordinator:</u> <ul style="list-style-type: none"> • What's your role in assuring compliance with regulations on accessibility and non-discrimination? Were there alterations made recently? • Are any still needed? How do you ensure your program is accessible to parents, staff, and community members? <u>Parents of Children with Disabilities:</u> How does the program ensure full participation for your child? If there were any accessibility problems, how were they addressed?	
Program Services Observed	<u>Tour of Facility:</u> <ul style="list-style-type: none"> • Are any barriers to program accessibility observed? • Have any barriers been removed recently in response to findings from program's self-assessment of its accessibility? 	

Relevant regulations:

1301.10(a) ...the following HHS regulations shall apply to all grants made under the Act: ...45 CFR part 84 Nondiscrimination on the basis of handicap in Federally assisted programs

1304.23(b)(1) ...must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities...

1304.53(a)(2) Grantee and delegate agencies must provide appropriate space for the conduct of all program activities.

1304.53(a)(10)(xvii) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation.

1304.53(b)(1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be: ...(iii)

Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities;

Following regs from 1308 apply only to programs serving preschool age children

1308.4(o)(6) ...Grantees must make available assistive devices necessary to make it possible for a child to move, communicate, improve functioning or address objectives which are listed in the child's IEP.

1308.5(c) A grantee must not deny placement on the basis of a disability or its severity to any child when: 1) The parents wish to enroll the child; 2) The child meets the Head Start age and income eligibility criteria; 3) Head Start is an appropriate placement according to the child's IEP, and; 4) The program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.

2. Coordination with Community Partners

How does the program ensure that its services to children with disabilities and their families are well coordinated with community partners, particularly the local education agencies (LEAs) and Part C agencies responsible for implementing the Individuals with Disabilities Education Act?

2.A) Is there an up-to-date interagency agreement with each of the LEAs (and/or PART C for programs serving infants and toddlers)?

2.B) Are the program's efforts to serve children with disabilities coordinated with the LEAs and Part C agencies responsible for implementing IDEA? Is there evidence of coordinated activities in: Recruitment and Enrollment; Identification of Children with Disabilities; Providing Services; and Transitions?

2.C) Are disabilities services activities coordinated with other community partners (e.g., family support, health, mental health)?

2.A.) Is there an up-to-date interagency agreement with each of the LEAs (and/or PART C for programs serving infants and toddlers)?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan:</u></p> <ul style="list-style-type: none"> Does the plan address the development of interagency agreements (IAs) and partnerships with LEAs and Part c agencies? Does the plan identify all LEAs and/or Part C agencies in the service area? <p><u>Interagency agreements with LEAs and/or Part C agencies:</u></p> <ul style="list-style-type: none"> Are all LEAs and/or Part C agencies in service area represented? (Review map/list) Are agreements updated annually? How does the agreement address such specific activities as Child Find, joint training, transition, and resource sharing? 	
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> What is your role in developing IA's and partnerships? How do you keep these agreements up-to-date? What are significant accomplishments of your partnerships with LEA/ Part C agencies? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>LEA/Part C Partner:</u> <ul style="list-style-type: none"> • How were you approached to partner with this program? Is there a written interagency agreement? When was it updated last? • What are significant accomplishments of your partnerships with this program? Are there persistent problems? 	
Program Services Observed	<u>General Observations:</u> Are activities, resources, staffing, special education/related services, and supports being provided as outlined in the interagency agreement?	

Relevant regulations:

1304.41(a)(4) To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area (see 45 CFR 1308.4(h) for specific requirements concerning interagency agreements).

Following regs from 1308 apply only to programs serving preschool age children

1308.4(l) The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee's service area. If no agreement can be reached, the grantee must document its efforts and inform the Regional Office.

The agreements must address:

1308.4(l)(1)-(7) lists what agreements must address: 1) participate in Child Find; 2) Joint training of staff and parents; 3) Procedures: referral for evaluations, IEP meetings, placement decisions; 4) Transition; 5) Resource sharing; 6) data for annual Child Count report; 7) Other items as agreed; efforts to update agreements annually...

2.B) Are the program's efforts to serve children with disabilities coordinated with the LEAs and Part C agencies responsible for implementing IDEA? Is there evidence of coordinated activities in: Recruitment and Enrollment; Identification of Children with Disabilities; Providing Services; and Transitions?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan/ Recruitment-Selection Plan:</u></p> <ul style="list-style-type: none"> • Do plans feature coordination of efforts? Are managers involved in coordinating and tracking these plans? Is there input from stakeholders? • Do plans describe collaboration in Child Find activities; referral procedures; IEP/IFSP meetings; providing services? <p><u>Staff Training/Guidance Documents:</u></p> <p>Does coordinated supervision and training guide and support staff in collaborative recruitment, identification, service delivery, and transitions?</p> <p><u>Child/Family Records:</u></p> <ul style="list-style-type: none"> • Is there clear documentation of the referral/evaluation process and decisions about services (i.e., eligibility criteria met, IEP/IFSP developed and signed, the schedule of services to be provided)? • Are timelines for assessments and receiving services recognized and met? • Are family partnership agreements and IFSPs coordinated? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • How do you stay informed about State requirements for Early Intervention and Special Education? • How do you work with your partners in Child Find; referrals for evaluations; and IEP meetings and placement decisions? <p><u>LEA/Part C partner:</u></p> <ul style="list-style-type: none"> • What are strengths of coordination with HS/EHS agency? What are some challenges in this coordination? • How do you share information (i.e., child count and statewide requirements)? • Describe coordinated activity in such areas as recruitment, screening/assessments, service delivery, and transitions. <p><u>EHS/ HS Staff:</u> What kinds of support have you received from your Part C/LEA provider?</p> <p><u>Parent of child with disabilities:</u> Does this program work well with your child's service providers from the LEA or Part C agency? Can you give an example of how they cooperate to serve your child? Are there ways they should improve working together?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Program Services Observed	<u>Classroom Observation:</u> <ul style="list-style-type: none"> • Is there an active partnership with the LEA/Part C provider (i.e., activity logs, co-teaching plans, on-site consultation, etc.)? • Are activities, resources, staffing, special services, and supports being provided as outlined in the interagency agreement? 	

Relevant regulations:

1304.40(a)(3) To avoid duplication of effort, or conflict with, any preexisting family plans... the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

1304.41(a)(1)... must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships, including:...

1304.41(a)(2)(iv) Individuals and agencies that provide services to children with disabilities and their families

Following regs from 1308 apply only to programs serving preschool age children

1308.4(l) ...The agreements must address: (1) Head Start participation in the public agency's Child Find plan under Part B of IDEA;... (3) Procedures for referral for evaluations, IEP meetings and placement decisions;

1308.6(e)(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

2.C) Are disabilities services activities coordinated with other community partners (e.g., family support, health, mental health)?

	Sources	Reviewer Notes
Documents Reviewed	<u>Other Community Agreements:</u> <ul style="list-style-type: none"> • Are there agreements with other partners in disabilities services (beyond LEAs and Part C agencies)? • How do these partners support program's efforts to recruit and serve children with disabilities and their families? • Is there documentation of the support, e.g., in meeting summaries, letters of commitment; staffing/consulting agreements? 	
Persons Interviewed	<u>Disabilities Services Coordinator:</u> <ul style="list-style-type: none"> • How are your recruitment activities coordinated with disabilities services partners in the community? • How are local organizations identified for partnerships? • What is the most recent partnership to be developed? What are expected contributions by that partner? <u>Partner agencies:</u> What is the focus of your partnership? What are specific successes and challenges of this partnership?	

<i>Continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>EHS/HS Service Staff:</u> <ul style="list-style-type: none"> • How do you work with these partners? What kinds of support do they provide on behalf of children with disabilities and their families? • Do they offer training or consultation to improve disabilities services in your program? 	
Program Services Observed	<u>Classroom Observations/ Home Visits:</u> Are the resources described in partnership agreements evident in program settings? <u>Information displays:</u> Do displays provide evidence of collaborative work with partners?	

Relevant regulations:

1304.41(a)(1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's

confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships.

1304.41(a)(2) ...must take affirmative steps to establish ongoing collaborative relationships with community

organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including:...

(iv) Individuals and agencies that provide services to children with disabilities and their families.

3. Identifying Children's Needs – IEP/IFSPs

How does the grantee ensure that the need for any early intervention, special education, and/or related services are identified promptly and in coordination with the Part C agency and/or LEA?

3.A) Is there a clear description of program policies and practices for identifying the needs of children with disabilities - from screening, through formal evaluation, to creating an IEP/IFSP?

3.B) Are the program's procedures for screening for sensory, behavioral, and/or developmental concerns well-defined, understood by staff, and implemented? Are prompt referrals made to the Part C or LEA (local education agency) when screening and/or developmental assessment results suggest a child needs formal evaluation for a possible disability?

3.C) Are procedures well-defined for moving from multi-disciplinary team evaluation to developing an IEP/IFSP? How are decisions made as to whether child needs special education or related services? Is Head Start participating in coordinated IEP/IFSP development?

3.D) Does program track whether children receive the assessments and/or services recommended for them? Does the program know about, and conform to, timelines for referrals, assessment and providing services? Do they know their State's requirements on timelines for implementing IDEA services?

3.A) Is there a clear description of program policies and practices for identifying the needs of children with disabilities - from screening, through formal evaluation, to creating an IEP/IFSP?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan:</u></p> <ul style="list-style-type: none"> • Are program's plans for screening, referral, evaluation described? • Are requirements addressed regarding timelines, parental consent, and coordinating procedures with the LEA/Part C partner? • Are program policies on confidentiality and informed consent regarding disabilities services addressed? <p><u>Interagency Agreement:</u> How does the agreement address the coordination of referral, evaluation, and participation in IEP/IFSP teams?</p> <p><u>Parent Informed Consent Notice:</u> How clear/parent-friendly are these documents? Is information available in language of families enrolled in the program?</p>	

<i>Continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>Disabilities Services Coordinator:</u> <ul style="list-style-type: none"> • What are program procedures for screening, referral, evaluation, and IEP/IFSP planning? How do you assure appropriate involvement of HS/EHS staff, parents, local partners, consultants? • How does program train and supervise staff on implementing the identification procedures? <u>LEA/Part C Partners:</u> <ul style="list-style-type: none"> • What is your involvement in screening, referral, evaluation? How do you share records in this activity? • How do you and HS/EHS work to ensure confidentiality, parent consent, and timeliness of assessments? 	
Program Services Observed		

Relevant regulations:

1304.20(f)(2)(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

1304.51(g) ... must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.

Following regs from 1308 apply only to programs serving preschool age children

1308.6(e)(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

1308.6(e)(3) Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.

1308.6(e)(4) Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child's records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.

1308.19(i) A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP.

3.B) Are the program's procedures for screening for sensory, behavioral, and/or developmental concerns well-defined, understood by staff, and implemented? Are prompt referrals made to the Part C or LEA (local education agency) when screening and/or developmental assessment results suggest a child needs formal evaluation for a possible disability?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Service guides/training materials on screening:</u></p> <ul style="list-style-type: none"> • What is staff training/procedure guide for screening? • Are there protocols/guidelines for screening and referrals? • Do materials/displays describe steps that parents and staff should take when concerned about a child's development? <p><u>Child records:</u></p> <ul style="list-style-type: none"> • Review child records for completeness. Are staff or family concerns about child's development included? • Is there a record of referral process, evaluations completed and meeting of a multidisciplinary team? • Were eligibility criteria addressed? Were there meetings with parents for IEP/IFSP development? • Was there evidence of a systematic approach to assure assessments/services are provided? • Was timeliness of assessments and receiving services documented? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Documents Reviewed	<u>Screening tool:</u> <ul style="list-style-type: none"> • How was it selected? Any evaluation of its effectiveness (particularly from LEA/Part C partner)? • Were cultural/language issues considered? 	
Persons Interviewed	<u>Disabilities Services Coordinator:</u> <ul style="list-style-type: none"> • When screening results indicate a need for formal evaluation, how does the program assure a referral is promptly made to the Part C or LEA? Probe for knowledge of timelines for referrals, assessment and placement in their State. • How are staff trained on screening process? How are cultural/language issues addressed? <u>Teachers/Home Visitor:</u> What procedures do you follow when you become concerned about a child's development? What is your role in screening process? How are referrals made to the LEA/Part C agency are these done promptly?	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>Parents:</u> <ul style="list-style-type: none"> • How were you involved in screening, referral, evaluation of your child's needs? Did the program keep you informed and seek your input and consent when evaluating your child's needs for special services? • Were the evaluations and meetings done promptly? • Does program encourage parents to discuss concerns about their child's development with teachers or other staff? 	
Program Services Observed		

Relevant regulations:

1304.20(b)(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns... To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

1304.20(d) ...must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals... These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress... In addition, these procedures must include observations from parents and staff.

Following regs from 1308 apply only to programs serving preschool age children

c1308.6(a) The disabilities coordinator must be involved with other program staff throughout the full process of assessment of children, which has three steps:1)...screened as the first step... 2) ...on-going developmental assessment....; (3) Only those children who need further, specialized assessment to determine whether they have a disability...proceed to the next step, evaluation...

1308.6(e) The disabilities coordinator must arrange for further, formal, evaluation of a child who has been identified as possibly having a disability, the third step.

1308.6(e)(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

3.C) Are procedures well-defined for moving from multi-disciplinary team evaluation to developing an IEP/IFSP? How are decisions made as to whether child needs special education or related services? Is Head Start participating in coordinated IEP/IFSP development?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Interagency Agreements:</u> How are IEP/IFSP procedures detailed in the IA? Are roles/responsibilities of IEP/IFSP teams outlined?</p> <p><u>IEPs/IFSPs:</u></p> <ul style="list-style-type: none"> • Who is listed as IEP/IFSP team members? Are they signed by LEA/Part C partners? • Are the strengths and needs contained in the child record addressed in the IEP/IFSP? • Are IEPs/IFSPs signed by representative of LEA or Part C agency? If not, explore coordination with LEA/Part C in identification/referrals. <p><u>Disabilities Services Plan:</u> What is the process for moving from an evaluation to an IEP/IFSP planning team? What role do HS/EHS staff play in the IEP/IFSP team?</p> <p><u>Staff Training/Procedures:</u></p> <ul style="list-style-type: none"> • Are there written guides/procedures for staff participation in IFSP/IEP planning meetings? • Is there guidance on effectively involving teaching staff and parents in these planning meetings? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • How are evaluation and IEP/IFSP planning efforts coordinated with LEA/Part C agency? • How are families and staff involved in IEP/IFSP teams? • How does IEP/IFSP planning ensure strengths and needs are addressed in a timely manner? <p><u>LEA/Part C Partner:</u></p> <ul style="list-style-type: none"> • Describe procedures for multi-disciplinary team evaluation of HS/EHS children with suspected disabilities. • How are decisions made on a child's need for special education/related services? • Describe Head Start's role in IEP/IFSP development. <p><u>Staff and Parents:</u> How were you involved in assessments and IEP/IFSP planning?</p>	
Program Services Observed		

Relevant regulations:

1304.20(f)(2)(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the IFSP for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;

Following regs from 1308 apply only to programs serving preschool age children

1308.19(b) Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.

1308.19(c) When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.

1308.19(d) If Head Start develops the IEP, the IEP must take into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities.

1308.19(e)(4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals.

1308.19(j) Grantees and their delegates must make vigorous efforts to involve parents in the IEP process...

1308.19(k) Grantees must initiate the implementation of the IEP as soon as possible after the meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services...

3.D) Does program track whether children receive the assessments and/or services recommended for them? Does the program know about, and conform to, timelines for referrals, assessment and providing services? Do they know their State's requirements on timelines for implementing IDEA services?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan:</u></p> <ul style="list-style-type: none"> • How is tracking of screening, evaluation, and IEP/IFSP planning and service delivery addressed? • Are roles and responsibilities related to tracking clear? Are State requirements referenced in the plan? <p><u>Interagency Agreements:</u> Are State timelines & requirements reflected in the agreements?</p> <p><u>Program Documents:</u> Are there program guides on the timeframes for referral, evaluation and IEP/IFSP planning? Are there tracking reports for services?</p> <p><u>Training Materials:</u></p> <ul style="list-style-type: none"> • How are service timelines and requirements (including pertinent State requirements) outlined for staff? • Are there staff training materials/ procedural guides on tracking the timely receipt of special services for children with disabilities and their families? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>Disabilities Services Coordinator:</u> <ul style="list-style-type: none"> • How do you track the provision of disabilities services? What happens when they are not met? • How do you assure that you are meeting timelines, including those specific to your State? <u>Staff and Parents:</u> <ul style="list-style-type: none"> • Are you aware of timeframe requirements for assessments and services? • Have there been problems/delays in children receiving evaluations, IEP/IFSP planning meetings, or receiving services? 	
Program Services Observed		

Relevant regulations:

1304.20 (f)(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the IDEA, as implemented by their State or Tribal government

(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

Following regs from 1308 apply only to programs serving preschool age children

1308.6 Assessment of children - (multiple sections on assessment/determining needs)

1308.19(i) A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP.

4. Delivering Individualized Services to Children with Disabilities

How does the grantee ensure that children determined to have disabilities receive special education and related services needed through implementation of an IEP/IFSP?

4.A) Does program provide supervision and support to Head Start staff that enable them to address IEP/IFSP objectives for children with disabilities?

4.B) Does program ensure that the communication necessary to implement quality disabilities services occurs both within its program and with its partners and the parents of children with disabilities?

4.C) Does program follow-up/track to ensure that children receive the special education, early intervention, and related services outlined in their IEP/IFSP?

4.D) Has program provided facilities, equipment and any accommodations and special services required for the effective inclusion of children with disabilities?

4.A) Does program provide supervision and support to Head Start staff that enable them to address IEP/IFSP objectives for children with disabilities?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Guides and schedules for teacher supervision:</u> Is there a schedule/guideline on how frequently, and by whom, supervision and supports are provided to address objectives for children with disabilities?</p> <p><u>IEPs and IFSPs and or Child Records:</u> Is the supervision/support for staff on providing effective and timely services outlined in the IEP/IFSP?</p> <p><u>Consultant contracts and schedules:</u> Are the specific types and schedules of consultant activities outlined? Do consultants provide supervision and supports that program staff need to effectively address individualized objectives for children with disabilities?</p> <p><u>Agreements with special ed./related services providers:</u> How is support for individualization reflected in these documents? Are persons with needed expertise available to address IEP/IFSP objectives of enrolled children?</p> <p><u>Individualized plans for lessons/activities/ home visits:</u> Is the individualization required for children with disabilities and their families evident in these plans?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u> Describe how supervision and support is provided to program staff on how to address IEP/IFSP objectives and include children in the full range of program activities. Discuss a child whose needs require the most supports for staff.</p> <p><u>Teaching Staff:</u></p> <ul style="list-style-type: none"> • Do you receive the information, guidance, resources needed to help children and families meet goals in their IFSPs/IEPs? • What kinds of support/supervision and training do you receive on individualizing for children with disabilities who are in your classroom? <p><u>Parents:</u></p> <ul style="list-style-type: none"> • Has your child received the special services called for in the IFSP/IEP? Are these the services you expected to receive; were the services provided as scheduled? • If services do not meet your expectations, does program describe a procedure for expressing your concerns? 	
Program Services Observed	<p><u>Curricular and routine activities:</u></p> <ul style="list-style-type: none"> • How are activities (including meals, self-care, etc.) modified to meet the needs of children with disabilities? • Are schedules/guidance displayed to prompt staff on ways to accommodate and individualize for specific children? 	

Relevant regulations:

1304.20(f)(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

(i) Services ...support the attainment of the expected outcomes contained in the IFSP for children identified under(Part C) of the IDEA as implemented by their State or Tribal government....

(iv) They participate in the development and implementation of the IEP for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

1304.21(a)(1) In order to help children gain the social competence, skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must(ii) Be inclusive of children with disabilities, consistent with their IFSP or IEP;

Following regs from 1308 apply only to programs serving preschool age children

1308.19(k) -- Grantees must initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance.

4.B) Does program ensure that the communication necessary to implement quality disabilities services occurs both within its program and with its partners and the parents of children with disabilities?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>IEPs and IFSPs:</u> Are these plans current, clear, and accessible to those who will implement them?</p> <p><u>Correspondence/reports from special educators, and related services providers:</u> How do teachers and parents communicate on ways to address individualized objectives for children? How is IEP/IFSP progress tracked through such documents?</p> <p><u>Activity/Lesson Plans:</u> Do plans address individualized objectives and accommodations as required to address specific needs of children with disabilities in each classroom?</p> <p><u>Disabilities Services Plan:</u> Does plan address communication regarding planning and implementation of disability services to children with disabilities? How are partners, staff, and parents included?</p>	
	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • Describe systems for communication between staff, partners and families to address IEP/IFSP objectives for each child? • How do you assure individualized plans and records are available to those serving children with disabilities while ensuring confidentiality is respected? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
	<p><u>Teaching staff:</u> How do you communicate with program staff, consultants, and parents about concerns or accomplishments of children with disabilities? Do you receive training and supervision on doing this?</p> <p><u>Parents:</u> Does the program ask for your opinion -- suggestions or complaints -- about services for your child? How do staff respond to your feedback?</p>	
Program Services Observed	<p><u>Availability of Records:</u> Are individual records stored to protect confidentiality and yet allow ready access to those who will use individualized plans in serving children?</p>	

Relevant regulations:

1304.21(c)(1) Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum...that: (i) Supports each child's individual pattern of development and learning

1304.41(a)(1) ...must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies.

Following regs from 1308 apply only to programs serving preschool age children

1308.4(i) The disabilities service plan must include options to meet the needs and take into consideration the strengths of each child based upon the IEP so that a continuum of services available from various agencies is considered.

1308.4(a)....disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure ..all components of Head Start are appropriately involved in the integration of children with disabilities and their parents; and...(c) The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities

1308.6 (e)(4) Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child's records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.

4.C) Does program follow-up/track to ensure that children receive the special education, early intervention, and related services outlined in their IEP/IFSP?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>IEP/IFSPs:</u></p> <ul style="list-style-type: none"> • Is there documentation that these plans were implemented and time-lines are being tracked? • How is progress toward goals documented? <p><u>Tracking Systems/Schedules:</u> How are systems designed and used to document a child's status in receiving services? How do staff report areas of achievement or concern?</p>	
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • How do you ensure services outlined in the IEP/IFSP are provided? What systems do you use to track receipt of services? • What do you do when timeframes are not met? How do you address gaps or delays in services? <p><u>EHS/HS Staff:</u></p> <ul style="list-style-type: none"> • How do you receive information, guidance, resources you need to help children (and families) meet IEP/IFSP goals? • If you have a concern about whether child is receiving effective and/or timely special services, what is the procedure you would follow? <p><u>Parents:</u> If you have concerns about services called for in your child's IEP/IFSP, what would you do? Has program explained what your rights are when have such concerns?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Program Services Observed	<u>Use of service tracking systems:</u> Are systems for tracking the timely receipt of IEP/IFSP services available for use by staff with this responsibility?	

Relevant regulations:

1304.20(f)(2)(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the IFSP for children identified under(Part C) of the IDEA as implemented by their State or Tribal government;

1304.20(f)(2)(iv) They participate in the development and implementation of the IEP for pre-school age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

4.D) Has program provided facilities, equipment and any accommodations and special services required for the effective inclusion of children with disabilities?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan:</u> Does plan address details of accessibility and accommodation across the full range of program services (i.e., child development, nutrition services, transportation, etc.)?</p> <p><u>IEPs/IFSPs:</u></p> <ul style="list-style-type: none"> • Are necessary accommodations to activities, equipment or settings described clearly? • Are staff/consultant roles in providing supports described? • How is implementation of plans being tracked and documented? • How are parents supported and involved? <p><u>Transition Plans:</u> Do plans consider necessary preparations for disabilities services transitions?</p>	
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u> Describe your program's efforts to serve a child requiring the most substantial supports/accommodations this year. How were staff supported and trained to effectively include this child? How were parents and community partners involved?</p> <p><u>Health Services Coordinator:</u> How are staff trained/supported to address safety, health, nutrition needs of children with disabilities needing individualized supports in these areas?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>LEA/Part C Partner:</u> How are you involved in providing any special equipment, materials, or other supports for children requiring substantial accommodations? How have you worked with program to ensure these children's needs are met?</p> <p><u>Parent of child with more significant disabilities:</u> What accommodations has program made to ensure your child's special needs are met? Are you satisfied with these efforts? Are there areas needing improvement?</p> <p><u>EHS/HS Staff:</u> How do you acquire any special equipment and materials for a child who requires them? How do you meet the needs of children with disabilities who have special needs in health, safety, or nutrition?</p>	
Program Services Observed	<p><u>Classroom/home-visit:</u> Were required modifications made to materials/activities to address needs of children with disabilities as outlined in IEP/IFSP?</p>	

Relevant regulations:

1304.20(c)(4) ...must assist with the provision of related services addressing health concerns in accordance with...IEP...IFSP

1304.21(a)(5) In center-based settings...promote each child's physical development by (ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child's developmental level; and (iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.

1304.23(a)(2) Information about...feeding requirements of infants and toddlers and each child with disabilities

1310.22(c) ...specify any special transportation requirements for a child with a disability when preparing the child's IEP or IFSP, and ensure that in all cases special transportation requirements in a child's IEP or IFSP are followed...

Following regs from 1308 apply only to programs serving preschool age children

1308.4(g) The plan, when appropriate, must address strategies for the transition of children into Head Start from infant/toddler programs (0-3 years), as well as the transition from Head Start into the next placement. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.

1308.18(c) Each Head Start director or designee must supervise the administration of all medications, including prescription and over-the-counter drugs, to children with disabilities in accordance with State requirements

1308.20(a) The disabilities coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program. (b) Appropriate professionals ...consulted on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves. (c) The plan for services for children with disabilities must include activities to help children with disabilities participate in meal and snack times with classmates.

5. Partnering with Families of Children with Disabilities

How does the grantee ensure that parents of children with disabilities are supported and involved as decision-makers and receive information and assistance in understanding and advocating for services and support needed to address their child's special needs?

5.A) Does program provide parent support and parent training related to disabilities issues?

5.B) Does program promote families' self-advocacy for services for their child with disabilities? Does program support families in role of decision-maker for their child? Do they ensure parents are well informed as they make decisions for their child in Head Start/EHS. Does program help them understand their rights under IDEA and in dealing with other agencies?

5.C) Does program assist families in preparing for transitions regarding disabilities services, both into Head Start/EHS and into subsequent placements?

5.A) Does program provide parent support and parent training related to disabilities issues?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Parent education schedules:</u> How are topics and presenters selected? Are there follow-up activities with parents to help them act on information provided?</p> <p><u>Staff procedures/training:</u> How is staff trained/supported to approach and support families in addressing disabilities issues?</p> <p><u>Resource materials:</u> Are materials from local parent support groups available and being used?</p> <p><u>Child/family records:</u> Is there evidence of facilitated referrals to respite care, parent education/support?</p> <p><u>Family partnership agreements:</u> Are IFSPs included/referenced? Are disabilities service supports included?</p>	
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u> How do staff receive information/support on addressing exceptional needs for individualized supports for children (e.g., special safety, health, and nutrition needs)? Is communication with family regarding these needs supported?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Family Partnership Staff:</u></p> <ul style="list-style-type: none"> • How are you trained/ supported in responding to family concerns about disabilities issues? • Are family partnership agreements coordinated with individualized disabilities service plans? <p><u>Parents:</u></p> <ul style="list-style-type: none"> • How have you been encouraged and supported to participate in your child's overall program activities? • Have you been encouraged to participate in program level decision-making about disabilities services (e.g., budget, facilities, staffing)? • Are family partnership agreements coordinated with individualized plans for disabilities services? 	
Program Services Observed	<p><u>Home Visit:</u> Is there attention to any special issues facing parents of children with disabilities?</p> <p><u>Information displays:</u> Do displays reflect parent information and support on disabilities services issues?</p>	

Relevant regulations:

1304.40(e)(3) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff...

Following regs from 1308 apply only to programs serving preschool age children

1308.21(a) In addition to the many references to working with parents throughout these standards, the staff must carry out the following tasks: (1) Support parents of children with disabilities entering from infant/toddler programs; (2) Provide information to parents on how to foster the development of their child with disabilities; (3) Provide opportunities for parents to observe large group, small group and individual activities describe in their child's IEP; (4) Provide follow-up assistance and activities to reinforce program activities at home; (5) Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.

5.B) Does program promote families' self-advocacy for services for their child with disabilities? Does program support families in role of decision-maker for their child? Do they ensure parents are well informed as they make decisions for their child in Head Start/EHS. Does program help them understand their rights under IDEA and in dealing with other agencies?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan:</u> Does the plan include supporting families in making decisions regarding disabilities services? What activities support self-advocacy?</p> <p><u>Staff procedures:</u> What are procedures for informing supporting parents on advocacy issues/concerns on disabilities issues?</p> <p><u>Resource materials:</u> Are resources/materials from local advocacy and support groups available to help parents advocate for themselves?</p> <p><u>Family partnership agreements:</u> Do agreements include activities to promote self-advocacy?</p> <p><u>Internal dispute resolution procedures:</u> Do these procedures provide opportunities for family self-advocacy on disabilities services issues?</p>	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • How does your program assure that parents are fully informed of their rights under IDEA and are supported in their role as decision-maker for their child? • What program activities promote family self-advocacy, both within Head Start and in dealing with other agencies? <p><u>Family Partnership Staff:</u> What activities are conducted with families of children with disabilities to support their self-advocacy in this area? How do you help inform them about disabilities services and their rights?</p> <p><u>Teaching staff:</u> What support/direction do you receive on addressing parent concerns about their child's special services?</p> <p><u>Parents:</u></p> <ul style="list-style-type: none"> • Does program support you in decision-making regarding disabilities services? How do they help you learn about rights under IDEA? • Do they support you in advocating for your child and family to receive disabilities services? 	
Program Services Observed		

Relevant regulations:

1304.20(f)(2)(ii) ...Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

1304.40(a)(3) To avoid duplication of effort...the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies....must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

Following regs from 1308 apply only to programs serving preschool age children

1308.21(a)(6) Inform parents of their rights under IDEA.

1308.21(a)(7) Inform parents of resources which may be available to them from the ...SSI Program, the ...EPSDT Program and other sources and assist them with initial efforts to access such resources.

1308.21(a)(10) build parent confidence, skill and knowledge in accessing resources and advocating to meet the special needs of their children.

5.C) Does program assist families in preparing for transitions regarding disabilities services, both into Head Start/EHS and into subsequent placements?

	Sources	Reviewer Notes
Documents Reviewed	<p><u>Disabilities Services Plan:</u> Does the plan describe efforts to assist families of children with disabilities in transitioning to other programs?</p> <p><u>Staff procedures:</u> What are procedures to inform and support parents of children with disabilities regarding transitions?</p> <p><u>Transition Plans:</u> Do transition plans for children with disabilities reflect support and information for parents as they explore and decide upon appropriate services for their children?</p>	
Persons Interviewed	<p><u>Disabilities Services Coordinator:</u></p> <ul style="list-style-type: none"> • Describe your program's approach/activities to promote transitions for children with disabilities and their families. • If program has both EHS and HS, how do you support transitions for children with disabilities between these programs? • How do you support the family through transitions from Part C to preschool/LEA providers? 	

<i>continued from previous page</i>	Sources	Reviewer Notes
Persons Interviewed	<u>Parents:</u> <ul style="list-style-type: none"> • How did the program help you in the transition from one program to another? • Has the program offered to arrange and/or accompany you on a visit to the program your child may transition to next year? 	
Program Services Observed		

Relevant regulations:

1304.20(f)(2)(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities;

1304.40(h)(1) ...must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the ESEA preschool program, or a child care setting

1304.41(c)(2) ...in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in EHS, following his or her third birthday, for additional months until he or she can transition into Head Start or another program

Following regs from 1308 apply only to programs serving preschool age children

1308.21(b) Grantees must plan to assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.

1308.21(c) Head Start grantees, in cooperation with the child's parents, must notify the school of the child's planned enrollment prior to the date of enrollment.

Disabilities Services Monitoring Reference Sheet

As a member of the PRISM Review team, you can get important information on disabilities services from fellow reviewers. The following references to disabilities services are contained in other Core Questions (nearly verbatim).

Disabilities Services Protocol	Other PRISM activity
1. <u>Program Planning and Management</u>	<p><u>Ongoing Monitoring Q5</u> Ongoing monitoring to ensure tracking of patterns of progress and accomplishments for groups of children in learning and development, as well as in health and disabilities services...</p> <p><u>Human Resources Q7</u> How effective is the grantee's human resources management system in supporting the implementation of quality services to children and families? How does the system ensure that: all required functions (e.g. content area experts, etc.) are appropriately assigned? adequate provisions for staff supervision and support? all staff are qualified for their positions?</p> <p><u>Fiscal Management Q8</u> the budget is developed and approved to support program goals and objectives? status reports reflect the appropriate use of funds to support quality services?</p> <p><u>ERSEA Q17</u> - recruit and enrollment of children with disabilities</p> <p><u>Facilities, Material, Equipment Q18</u> Facilities, materials and equipment are accessible per 504 requirements</p>

Disabilities Services Protocol	Other PRISM activity
2. <u>Coordination with Community Partners</u>	<p><u>Communication Q3</u> ...ensure strong communication, cooperation, and information sharing among agencies and their community partners (e.g., LEA or Part C agency, child care providers, etc.)?</p> <p><u>Community Partnerships Q16</u> ...partner with LEA/Part C; coordinated services for children with disabilities</p>
3. <u>Delivering individualized services to children with disabilities</u>	<p><u>Record-Keeping and Reporting Q4</u> How efficient and effective are the record-keeping and reporting systems in providing accurate, confidential, and timely information regarding children, families, and staff and in supporting quality services?</p> <p>How are the record-keeping and reporting systems used to manage data and generate status reports that provide information on preschool children's progress?</p>
4. <u>Delivering individualized services to children with disabilities</u>	<p><u>Curriculum and Assessment Q13</u> Curriculum supports inclusion of children w/disabilities</p>
5. <u>Partnering with families of children with disabilities</u>	<p><u>Parent Involvement Q15</u> ...in developing and implementing services for children with disabilities</p>

Other PRISM Activities with Relevant References for Disabilities Services

Focus Children and Families p.17

Selecting Focus Children and Their Families. The team leader will select the children and their families that will be a focus of the data-gathering activities during the On-Site Activities phase of the review...Careful attention should be given to ensure that the children selected reflect the age groups served as well as (1) families involved in child care partnerships and (2) children with disabilities, including at least one child with more significant disabilities.

Health and Safety Checklist (page c.6)

Area #2: Indoor Facilities

• Facility Layout and Environment

3. Facilities enable the safe and effective participation of children with disabilities.
[1308.4(o)(4)]

Transportation Services Checklist (pp. c.30-36)

17. Grantee and delegate agencies have arranged for or provide transportation for children with disabilities to and from the program and to special clinics or other service providers when the special education and related services cannot be provided on-site.
[1308.4(h)(6), 1310.22(b)]
19. Appropriate staff is informed of any health or safety accommodations or adaptations needed for children in accordance with the program's confidentiality policy.
[1304.22(b)(3)]
36. Each bus driver has received a combination of classroom and behind-the-wheel training prior to transporting any child enrolled in the agency's program, and refresher training annually, on how to:... operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;

Elsewhere -- in the Regulations

45 CFR 1305.2(a) Children with disabilities means children with mental retardation, hearing impairments including deafness, speech or language impairments... who, by reason thereof need special education and related services.

45 CFR 1305.3(c) Each Early Head Start and Head Start grantee agency must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area: ... (3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;

45 CFR 1306.31(c) When assigning children to a particular program option, Head Start grantees that operate more than one program option must consider such factors as the child's age, developmental level, disabilities, health or learning problems, previous preschool experiences and family situation. Grantees must also consider parents' concerns and wishes prior to making final assignments.

45 CFR 1306.32(b)(5) Each individual child is not required to receive the minimum days of service, although this is to be encouraged in accordance with Head Start policies regarding attendance. The minimum number of days also does not apply to children with disabilities whose individualized education plan may require fewer planned days of service in the Head Start program.

45 CFR 1309.3(p) Suitable facility means a facility which is large enough to meet the foreseeable needs of the Head Start program and which complies with local licensing and code requirements and the access requirements of the Americans with Disabilities Act (ADA), if applicable, and section 504 of the Rehabilitation Act of 1973.

45 CFR 1310.22(a) Effective January 18, 2006 each agency must ensure that there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program. (See also 1310.22(b-c))

Mental Health Services Protocol

1. Program Planning and Management for Quality Mental Health Services

How does the grantee ensure that the program is *designed and managed* to ensure that the service of a mental health professional (or professionals) is on a *regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?*

1.A Coordination with Community Mental Health Resources

How does the grantee ensure that other community mental health resources are used as needed?

2. Early Identification of Children's Mental Health Needs

How does the grantee ensure that each child receives an *appropriate and timely* (within 45 days of the child's entry into the program) *screening to identify*, using *multiple sources of information*, and *address any behavioral, social, emotional concerns?*

3. Parent Involvement in Children's Mental Health

How does the grantee ensure that staff *works with parents to discuss and identify appropriate responses to their children's behavior* including how to *strengthen nurturing, supportive environments and relationships in the home and at the program?*

4. Mental Health Education and Intervention for Parents

How does the grantee ensure that *parents receive mental health education* on issues that place families at risk (including for *pregnant women education and referrals* if needed for *maternal depression and substance abuse*) and other appropriate intervention, including *opportunities to participate in counseling programs?*

5. Special Help for Children's Individualized Mental Health Needs

How does the grantee ensure that parents, program staff, and the mental health professional design and implement program practices that are *responsive to the identified behavioral and mental health concerns of an individual or group of children* including *providing special help to children with atypical behavior?*

Mental Health Services Protocol

1. Program Planning and Management for Quality Mental Health Services

How does the grantee ensure that:

- the program is designed and managed to ensure that the service of a mental health professional (or professionals) is on a regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?

1304.24(a)(2); 1304.24(a)(3)

1304.21(c)(1)(iii); 1304.51(a)(1)(iii); 1304.51(g)-(h)(1); 1304.51(i)(1); 1304.52(a)(1); 1304.52(a)(2)(ii); 1304.52(b)(1); 1304.52(d); 1304.52(d)(4); 1304.52(j)(3); 1304.52(k)(1); 1308.18(b)

Document Review:

- Review any contracts, or employee job descriptions for mental health professionals. Look for:
 - any posted on-site schedule of the mental health professional;
 - evidence that program self-assessment has resulted in modifications to the contract when necessary; and
 - evidence that the mental health professional has license/certification and experience and expertise serving young children and their families (per 1304.52(d)(4)). If the program has been unsuccessful in locating a mental health professional with birth to three expertise, is their evidence that shows how the program is supporting the MH provider to engage in learning experiences in the area of infant mental health?
- Review job descriptions or contracts for evidence of staff and parent input on the services the mental health professional provides. Note any evidence of opportunities to staff and parents to share their mental health or behavioral concerns about their child with the mental health professional.
- Review any interagency agreements with community partners providing mental health services for the program.
- Review records of mental health services provided.
 - Do administrative/policy records demonstrate attention to and support of mental health services? (Records of policy council, budgets, staffing, training)
 - Does the program self-assessment address the usefulness, sufficiency, and timeliness of the mental health service?

Interview:

- Ask staff about their access to the mental health professional (including frequency of assistance for mental health promotion activities, as well as in times of crisis). What do they know about the type of mental health services available? How would they request mental health information/assistance for a child or family they serve? How timely are services accessed and/or is consultation provided? How is mental health integrated into the curriculum?
- Interview parents to determine if any mental health related concerns they have had have been responded to in a timely manner, i.e. have their children received timely and effective intervention for any mental health related concerns?
- Interview the Disabilities Services Coordinator to determine how the mental health professional has collaborated with the Disabilities Services Coordinator?
- Interview with mental health professional regarding their role.
 - How are you involved in the planning/review of mental health services?
 - Is the schedule of services frequent enough to be familiar with the program, staff, and needs of children and to provide the consultation and services needed in a timely fashion?
 - How has the program responded to any recommendations you have made on program-wide practices that could improve mental health services?
 - How are you involved in mental health promotion activities?

Observation:

- If possible, observe a consultation to direct service staff (teacher/home visitors, etc.).
- Review information from classroom observations regarding teacher's knowledge/skill in addressing behavioral/mental health concerns and in practices that promote mental health.

1. Program Planning and Management for Quality Mental Health Services

How does the grantee ensure that the program is designed and managed to ensure that the service of a mental health professional (or professionals) is on a regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?

	Suggested Sources	Actual Sources
Documents Reviewed	Contracts or employee job descriptions Posted schedule for mental health professional Interagency agreements with community partners Records of mental health services provided Program service plans Self-assessment	
Persons Interviewed	Staff about access to mental health professional Parents Mental health professional Mental health manager or supervisor who has responsibility for mental health	
Program Services Observed	If possible, consultation to direct service staff Information from classroom observations	

Relevant Regulations (1304.24(a)(2); 1304.24(a)(3))**1304.24 Child mental health.**

(a) Mental health services (2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and (3) Mental health program services must include a regular schedule of onsite mental health consultation involving the mental health professional, program staff, and parents on how to: (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children; (ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues; (iii) Assist in providing special help for children with atypical behavior or development; and (iv) Utilize other community mental health resources, as needed.

1.A. Coordination with Community Mental Health Resources

How does the grantee ensure that:

- other community mental health resources are used as needed?

1304.24(a)(3)(iv); 1304.41(a)(2)(ii).5

1304.41(a)(1)-(2); 1304.41(c)(1)(ii)

Document Review:

- Review program service plans.
- Review any interagency agreements with community partners providing mental health services for the program.
- Review lists of members on any relevant advisory committees to note possible community mental health resources as partners (e.g., Health Services Advisory Committee). If relevant, review meeting minutes to note evidence of community mental health resources participating as partners.

Interview:

- Interview community partners, ask policy groups about planning and coordination with mental health resources.
- Interview family service staff and the mental health professional on their knowledge of relevant mental health community services.
 - Do they have specific knowledge necessary to make a successful referral?
 - Has the program identified partners who have special focus such as domestic violence, substance abuse, maternal depression, and infant mental health?
 - Has the program sought partners with cultural competence in mental health services for families from diverse cultures?
 - Is staff knowledgeable of resources, including insurance systems that must be navigated to secure more extensive mental health services?
 - Is the mental health professional knowledgeable/experienced in coordinating with community mental health providers?

Observation:

- Observe any relevant displays or available materials for families providing information and education on community mental health resources.

1.A Coordination with Community Mental Health Resources

How does the grantee ensure that other community mental health resources are used as needed?

	Suggested Sources	Actual Sources
Documents Reviewed	Program service plans Interagency agreements with community partners Resource lists of community services for specialized services (e.g. domestic violence, substance abuse, mental health, crisis intervention) Lists of members on any relevant advisory committees	
Persons Interviewed	Community partners Policy groups Family service staff	
Program Services Observed	Relevant displays or available materials for families on mental health resources	

Relevant Regulations (1304.24(a)(3)(iv); 1304.41(a)(2)(ii))**1304.24 Child mental health.**

(a) Mental health services (3) Mental health program services must include a regular schedule of onsite mental health consultation involving the mental health professional, program staff, and parents on how to: ... (iv) Utilize other community mental health resources, as needed.

1304.41 Community Partnerships

(a) Partnerships (2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access for children and families to community services...including: (ii) Mental health providers

2. Early Identification of Children's Mental Health Needs

How does the grantee ensure that:

- each child receives an appropriate and timely (within 45 days of the child's entry into the program) screening to identify, using multiple sources of information, and address any behavioral, social, emotional concerns?

1304.24(a)(3)(iv); 1304.41(a)(2)(ii).5

1304.20(a)(1)(ii)-(iv); 1304.20(d); 1304.20(f)(1); 1304.21(a)(3)(i)(A)-(E);
1304.21(b)(1)(i)-(ii); 1304.21(b)(2)(i); 1304.21(c)(1)(iv)-(vi)

Document Review:

- Review record of completing screening within required time frame.
- Review how decisions on need for further evaluation are made, communicated with parents, and tracking the receipt of services.
- Review record keeping – does the program protect confidentiality and yet promote use of information by those who need to know it and apply it?
- Review records to determine how multiple sources of data are used to identify and address social, emotional, and/or behavioral concerns (other sources of data may include: developmental history, health history, observations, family functioning, family input, etc.).
- Review screening tool for reliability and validity (i.e. does the screening tool appropriately screen for social, emotional, and behavioral concerns?).

Interview:

- Interview the mental health professional to determine how the screening instruments are selected, used, how effective they are and how the results of the screening are used to inform practice.
 - Did the selection of the screening tool and the interpretation of the screening results take into consideration factors related to cultural, linguistic, and age appropriateness?
 - How does the program ensure timely referrals for further assessment and treatment if needed?
 - How does the mental health professional solicit and share ideas on how to address children's mental health needs (with staff and parents)?

- Interview teachers to determine how the program supports children's emotional and social development; how the home language is supported and respected; and how emotional security is promoted for infants and toddlers.
- Interview Early Head Start teachers to determine evidence of consistent teachers over an extended period of time.

Observation:

- If possible ask a person involved in the screening procedure to demonstrate the screening.
- Record-keeping system – how do you protect confidentiality and promote use of information needed?
- Observe information related to social/emotional development on the Classroom Observation Form item #4.
- Observe teacher/child interaction for examples of responsive and communication to encourage the development of trust, self-esteem, and identity - these may include smiling at the child, comforting an infant in distress, providing reassurance, acknowledging the child's feelings, encouraging problem solving and cooperation.
- Observe the teachers setting age-appropriate limits.

2. Early Identification of Children's Mental Health Needs

How does the grantee ensure that each child receives an appropriate and timely (within 45 days of the child's entry into the program) screening to identify, using multiple sources of information, and address any behavioral, social, emotional concerns?

	Suggested Sources	Actual Sources
Documents Reviewed	Records of screening including multiple sources of information, Screening tool Records of screening follow-up Curriculum Procedures to identify new or recurring concerns	
Persons Interviewed	Mental health professional Teachers Managers	
Program Services Observed	If possible, watch demonstration of screening Record-keeping system, Classroom Observation Form	

Relevant Regulations (1304.20(b)(1); 1304.20(b)(2); 1304.20(b)(3))

1304.20 Child health and developmental services. (b) Screening for developmental, sensory, and behavioral concerns.

(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background. (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child developmental professional on how to use the findings to address identified needs. (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

3. Parent Involvement in Children's Mental Health

How does the grantee ensure that:

- staff works with parents to discuss and identify appropriate responses to their children's behavior including how to strengthen nurturing, supportive environments and relationships in the home and at the program?

1304.24(a)(1)(i)-(vi)

1304.20(c)(1); 1304.20(e)(2)-(3); 1304.40(f)(1); 1304.40(f)(4)(i)-(iii)

Document Review:

- Review service plans for mental health for evidence of parent education and support to strengthen environments and relationships.
- Review child records for parent participation on any needed mental health interventions.
- Review staff handbook, training, procedures for information on child guidance with particular attention to information on age appropriate social behaviors, varying temperaments, realistic behavioral expectations for young children, setting appropriate limits and opportunities to encourage self-discipline.
- Review parent education materials and training agendas/attendance rosters (including materials and training topics to help parents better understand mental health issues and identify appropriate responses to children's behavior).
- Review home visitor protocols/curricula.

Interview:

- Interview teachers and home visitors to determine how they and parents share positive approaches on responding to/guiding children's behavior.
 - Does the program help parents to understand the range of behaviors they might experience with their child, and when there may be cause for concern? Does the program help parents to understand how their own mental health is connected to and impacts on their child's mental health?
- Interview family service, teaching staff and parents to determine how staff assists parents to strengthen relationships and environments.
- Interview family service, teaching staff and parents to determine parent's active involvement in their children's mental health services.
- Interview the mental health professional to determine how she/he solicits and shares ideas on how to address children's mental health needs (with staff and parents)?

Observation:

- Observe how home visitors encourage/support parents to respond to their children in a way that supports the development of trust, self-esteem and identity.
- Observe family service and/or teachers with parents (if possible) to see evidence of staff sharing child observations and/or discussing and anticipating with parents their child's behavior and development.
- Does the program have space for meetings with parents which allow privacy conducive to discussing sensitive issues?

3. Parent Involvement in Children's Mental Health

How does the grantee ensure that staff works with parents to discuss and identify appropriate responses to their children's behavior including how to strengthen nurturing, supportive environments and relationships in the home and at the program?

	Suggested Sources	Actual Sources
Documents Reviewed	Program service plans Staff handbook, training, procedures Parent education materials Training agendas Home visitor protocols/ curricula	
Persons Inter-viewed	Teachers Home visitors Parents Family Service Staff	
Program Services Observed	Teacher/child interaction Home visitors encouraging parents Family service workers, teachers, and home visitors providing, sharing, and soliciting information from parents about children's mental health and development	

Relevant Regulations (1304.24(a)(1)(i)-(vi))

1304.24 Child mental health.

(a) Mental health services. (1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by: (i) Soliciting parental information, observations, and concerns about their child's mental health; (ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues; (iii) Discussing and identifying with parents appropriate responses to their child's behaviors; (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program; (v) Helping parents to better understand mental health issues; and (vi) Supporting parents' participation in any needed mental health interventions.

4. Mental Health Education and Intervention for Parents

How does the grantee ensure that:

- parents receive mental health education on issues that place families at risk (including, for pregnant women, education and referrals if needed for maternal depression and substance abuse) and other appropriate intervention, including opportunities to participate in counseling programs?

1304.40(b)(1)(ii); 1304.40(c)(1)(iii); 1304.40(c)(2)

1304.20(c)(1); 1304.20(e)(2)-(3); 1304.40(f)(1); 1304.40(f)(4)(i)-(iii)

Document Review:

- Review the schedule of parent education activities for content related to mental health services. Were these covered: substance abuse, domestic violence, mental health issues for pregnant women?
 - How were topics and presenters selected? Are there any evaluation/satisfaction reports? Did parents regard education activities as useful? Did the program conduct any follow-up activities with individuals or groups of parents?

What procedures are in place to prompt or guide program staff serving pregnant women on mental health concerns including maternal depression?

- Review any relevant resource books or lists of counseling programs, support groups, community resources, and/or prevention programs. Determine how the staff works with parents to identify and continually assess referrals, services, and resources to ensure they are responsive to individual family interests and goals.
- Review relevant child/family records to see evidence of referrals for families for counseling, substance abuse treatment, maternal depression, etc.

Interview:

- Interview family service staff; probe on how they have been trained/supported in identifying and responding to mental health concerns for parents/families and how they follow-up with families to determine whether referrals met families' expectations and circumstances.
- Interview with focus family: Are mental health issues covered in parent education? Does the family perceive the Head Start program as a safe and caring place where they can raise possible mental health concerns their family may be facing with the expectation the program will try to help them?

Observation:

- Do information displays communicate that the program is interested and able to provide support on mental health concerns, including domestic violence, substance abuse, etc.?
- Does the program have space for family services/meetings which allow privacy conducive to discussing sensitive issues?
- Observe a parent support/education meeting and note opportunities provided to address mental health topics including preventive education, reducing risks, and accessing mental health services.
- Observe home visit for attention/responsiveness to mental health issues facing families.

4. Mental Health Education and Intervention for Parents

How does the grantee ensure that parents receive mental health education on issues that place families at risk (including for pregnant women education and referrals if needed for maternal depression and substance abuse) and other appropriate intervention, including opportunities to participate in counseling programs?

	Suggested Sources	Actual Sources
Documents Reviewed	Schedule of parent education activities List of trainings offered to parents Program service plans Relevant resource books or lists of counseling programs Relevant child/family records	
Persons Interviewed	Family Partnership staff Focus family	
Program Services Observed	Information displays Program space for confidential meetings Parent support/education meeting Home visit	

Relevant Regulations (1304.40(b)(1)(ii); 1304.40 (c)(1)(iii); 1304.40(c)(2))

1304.40 Family partnerships. (b) Accessing community services and resources. (1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including: (ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; (c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers. (1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include: (iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed. (2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

5. Special Help for Children's Individualized Mental Health Needs

How does the grantee ensure that:

- **parents, program staff and the mental health professional design and implement program practices that are responsive to the identified behavioral and mental health concerns of an individual or group of children including providing special help to children with atypical behavior?**

1304.24(a)(3)(i)

1304.24(a)(3)(iii)

Document Review:

- Do program plans/documents describe a systematic approach to addressing mental health that clearly communicates to staff and parents what services are available and how to access them? Is there a system in place for mental health screenings and assessment? Is there a system of referral and follow-up that incorporates the mental health needs of infants and toddlers?

Are there reports from the mental health professional, based on observations of classroom/home visiting practices that provide mental health guidance for staff/parents on improving mental health practices?

- Are there contingency plans for addressing mental health issues associated with traumatic events affecting the program, for enrolled families, or in the wider community? Are their contingency plans for psychiatric emergencies for i.e., child/adult threatening or attempting to harm self or others?
- Do IEPs/IFSPs include behavioral/mental health services for children with disabilities who have these needs?
- Review any individualized plans or reports related to mental health or behavioral concern for a child and/or group of children (this may include behavior or treatment plans, report recommendations, classroom charts, individualized visual schedules, etc.).

Interview:

- Interview staff to identify the process for screening and assessment of the mental health needs of individual children.
 - How would you request and receive mental health consultation on child guidance techniques for a child with identified concerns?
 - Do staff and parents understand and recognize the interconnectedness of adult and infant/toddler mental health?
 - How does the mental health professional solicit and share ideas on how to address children's mental health needs (with staff and parents)?

- For a child who has been identified as needing individualized mental health / behavioral services:
 - Have you received training, extra supervision, mental health consultation on addressing the mental health/behavioral needs of this child? Describe this. Was it helpful? Adequate? Describe the family involvement. What is the record-keeping system for referrals and tracking provision of services? Who follows-up on referrals?

Observation:

- Observe children and teacher's behaviors to note any relevant evidence of program practices that are responsive or not responsive to the behavioral or mental health needs of the children.
- If possible observe any consultation between the mental health professional and parents and/or staff. Note any evidence of parent and staff providing input into the design or implementation of mental health services. Note evidence of parents or staff sharing their concerns with the mental health professional.

5. Special Help for Children's Individualized Mental Health Needs

How does the grantee ensure that parents, program staff, and the mental health professional design and implement program practices that are responsive to the identified behavioral and mental health concerns of an individual or group of children including providing special help to children with atypical behavior?

	Suggested Sources	Actual Sources
Documents Reviewed	Program service plan Reports from mental health professional Contingency plan for addressing mental health issues IEP/IFSP Individualized plans	
Persons Interviewed	Program staff Parents	
Program Services Observed	Children and teacher's behaviors If possible, consultation between mental health professional and parents and/or staff	

Relevant Regulation (1304.24(a)(3)(i))

1304.24 Child mental health. (a) Mental health services (3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to: (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;

Mental Health Services

Monitoring Reference Sheet

As a member of the PRISM Review team, you can get important information on mental health services from fellow reviewers. The following references to mental health services are contained in other Core Questions (nearly verbatim).

Mental Health Services Protocol	Other PRISM Activity
1. <u>Program Planning and Management for Quality Mental Health Services</u>	<p><u>Planning Q2</u> How effective is the grantee's ongoing system of program planning in supporting the implementation of quality services to children and families? How does the system ensure:</p> <ul style="list-style-type: none"> written plan(s) for implementing quality services for children and families, and supporting pregnant women as appropriate, that result in positive outcomes and are reviewed, revised, and updated as needed? <p><u>Communication Q3</u> How effective is the grantee's communication system in supporting the implementation of quality services to children and families? How does the system ensure:</p> <ul style="list-style-type: none"> effective communication between staff and parents, carried out on a regular basis throughout the program year and in the primary or preferred language of the parents? required information is shared among staff (e.g., program plans...)? strong communication, cooperation, and information sharing among agencies and their community partners? regular communication among all staff?

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Mental Health Services Protocol	Other PRISM Activity
<p>1. <u>Program Planning and Management for Quality Mental Health Services</u></p>	<p><u>Record-Keeping and Reporting Q4</u> How efficient and effective are the record-keeping and reporting systems in providing accurate, confidential, and timely information regarding children, families, and staff and in supporting quality services? How are the record-keeping and reporting systems used to manage data and generate status reports that:</p> <ul style="list-style-type: none"> • identify and report program progress toward goals and objectives, and result in revised plans for the implementation of services as necessary? • provide information on preschool children's progress? • control program quality and maintain program accountability? <p><u>Ongoing Monitoring Q5</u> How effective is the grantee's ongoing monitoring system in supporting the implementation of quality services to children and families? How does the system ensure:</p> <ul style="list-style-type: none"> • ongoing monitoring to ensure tracking of patterns of progress and accomplishments for groups of children in learning and development, as well as in health and disabilities services and family and community partnerships? <p><u>Self-Assessment Q6</u> How effective is the grantee's approach to self-assessment in supporting the implementation of quality services to children and families? How does the system ensure that:</p> <ul style="list-style-type: none"> • the self-assessment examines the effectiveness and progress in meeting the grantee's goals and objectives and the implementation of Federal regulations? and families?

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Mental Health Services Protocol	Other PRISM Activity
<p>1. <u>Program Planning and Management for Quality Mental Health Services</u></p>	<ul style="list-style-type: none"> the grantee analyzes the results of the self-assessment and uses the information to address continuous improvement and to inform the grantee's planning process? <p><u>Human Resources Q7</u> How effective is the grantee's human resources management system in supporting the implementation of quality services to children and families? How does the system ensure that:</p> <ul style="list-style-type: none"> all required functions (e.g. content area experts, etc.) are appropriately assigned? there are adequate provisions for staff supervision and support, including annual performance appraisals? all staff are qualified for their positions? services for children meet the staffing requirements set out in the Performance Standards? the training and development system provides a structured approach to assisting staff, governing body members, Policy Council members, and volunteers in acquiring or increasing the knowledge and skills needed to fulfill their job? <p><u>Fiscal Management Q8</u> How effective is the fiscal management system in supporting the implementation of quality services to children and families? How does the system ensure that:</p> <ul style="list-style-type: none"> the budget is developed and approved to support program goals and objectives? status reports reflect the appropriate use of funds to support quality services?

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Mental Health Services Protocol	Other PRISM Activity
<p>1. <u>Program Planning and Management for Quality Mental Health Services</u></p>	<p><u>Prevention and Early Intervention Q9A</u> How does the grantee implement a comprehensive system of services for preventing health problems, and intervening promptly when they exist? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • a regular schedule of on-site consultation by a mental health professional supports parent and staff efforts to address children's needs in a timely manner? <p><u>Community Partnerships Q16</u> How does the grantee take an active role in community planning and advocacy to improve the delivery of services to children and families? How does the grantee:</p> <ul style="list-style-type: none"> • develop community partnerships, supported by interagency agreements, as appropriate? • establish collaboration within the grantee agency and across agencies?
<p>2. <u>Early Identification of Children's Mental Health Needs</u></p>	<p><u>Prevention and Early Intervention Q9A</u> How does the grantee implement a comprehensive system of services for preventing health problems, and intervening promptly when they exist? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • Developmental screening plays a role in child development and health services planning for children?

<i>continued from previous page</i>	
Mental Health Services Protocol	Other PRISM Activity
<p>2. <u>Early Identification of Children's Mental Health Needs</u></p>	<p><u>Managing Health and Nutrition Services Q9B</u> How does the grantee effectively manage health and nutrition services, including tracking of all child health and developmental services to ensure that follow-up services are received in a timely manner? How does the grantee ensure that:</p> <ul style="list-style-type: none"> mechanisms are in place that support communication among staff, parents, and community providers to assure follow-up services are received, while maintaining confidentiality standards? <p><u>Individualization Q10</u> How does the grantee individualize the program of child development and health services to meet each child's unique characteristics, strengths, and needs, as determined in consultation with the family? How does the grantee ensure that:</p> <ul style="list-style-type: none"> individualization is based on the results of ongoing child assessment linked to curriculum goals and reflected in the program's curriculum, planning, record-keeping, and family partnership process? <p><u>Curriculum and Assessment Q13</u> How has the grantee engaged in a process of curriculum selection and/or development, implementation, and evaluation resulting in a written plan that supports the growth of children's social competence, including school readiness, for each identified program option?</p>

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Mental Health Services Protocol	Other PRISM Activity
<p>2. <u>Early Identification of Children's Mental Health Needs</u></p>	<p><u>Curriculum and Assessment Q13</u> How has the grantee engaged in a process of curriculum selection and/or development, implementation, and evaluation resulting in a written plan that supports the growth of children's social competence, including school readiness, for each identified program option? How does the grantee ensure that:</p> <ul style="list-style-type: none"> the written curriculum includes (a) goals for children's development and learning; (b) the experiences through which children will achieve these goals; (c) what staff and parents can do to help children achieve these goals; (d) the materials needed to support the implementation of the curriculum towards achieving the stated goals; and (e) consistency with the Performance Standards and sound child development principles?
<p>3. <u>Parent Involvement in Children's Mental Health</u></p>	<p><u>Prevention and Early Intervention Q9A</u> How does the grantee implement a comprehensive system of services for preventing health problems, and intervening promptly when they exist? How does the grantee ensure that:</p> <ul style="list-style-type: none"> parents are involved as full partners in prevention and early intervention?

<i>continued from previous page</i>	
Mental Health Services Protocol	Other PRISM Activity
3. <u>Parent Involvement in Children's Mental Health</u>	<p><u>Parent Involvement Q15</u> How does the grantee provide parent involvement opportunities? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • parents are involved in the development of the program of services for children, including home visits; parent conferences; the delivery of health care services to children; the development of the curriculum; planning, implementing, and evaluating nutrition services; and developing and implementing services for children with disabilities? • parents have the opportunities to enhance their skills and knowledge in the following areas: <ul style="list-style-type: none"> • medical, dental, mental health and nutrition (encouraging parents to become active partners in their child's health care process and learn the principles of preventive health and safety)?
4. <u>Mental Health Education and Intervention for Parents</u>	<p><u>Prevention and Early Intervention Q9A</u> How does the grantee implement a comprehensive system of services for preventing health problems, and intervening promptly when they exist? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • pregnant women enrolled in EHS are assisted in accessing prenatal and postpartum care and are provided with prenatal education?

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Mental Health Services Protocol	Other PRISM Activity
<p>4. <u>Mental Health Education and Intervention for Parents</u></p>	<p><u>Curriculum and Assessment Q13</u> How has the grantee engaged in a process of curriculum selection and/or development, implementation, and evaluation resulting in a written plan that supports the growth of children's social competence, including school readiness, for each identified program option? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • parents are involved in curriculum implementation and reporting child progress? <p><u>Family Partnership Building Q14</u> How does the grantee engage in a process of collaborative partnership building with parents? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • staff work with families throughout the year to identify family goals, strengths, and necessary services and supports, and to describe progress in achieving family goals? • staff work with parents to identify and access services and resources responsive to their interests and goals, and follow up with them to ensure that the referrals met their expectations and circumstances? • for programs that enroll pregnant women, infants, and toddlers, assistance is available to mothers in accessing comprehensive prenatal and postpartum care?

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Mental Health Services Protocol	Other PRISM Activity
4. <u>Mental Health Education and Intervention for Parents</u>	<p><u>Parent Involvement Q15</u> How does the grantee ensure that: parents have opportunities to enhance their skills and knowledge in the following areas:</p> <ul style="list-style-type: none"> • knowledge of child growth and development, the program's curriculum, the child assessment process, and parent skills? <p><u>Community Partnerships Q16</u> How does the grantee take an active role in community planning and advocacy to improve the delivery of services to children and families? How does the grantee:</p> <ul style="list-style-type: none"> • promote the access of children, families, and pregnant women, as appropriate, to community services that are responsive to their needs, such as child care?
5. <u>Special Help for Children's Individualized Mental Health Needs</u>	<p><u>Prevention and Early Intervention Q9A</u> How does the grantee implement a comprehensive system of services for preventing health problems, and intervening promptly when they exist? How does the grantee ensure that:</p> <ul style="list-style-type: none"> • a regular schedule of on-site consultation by a mental health professional supports parent and staff efforts to address children's needs in a timely manner?

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Mental Health Services Protocol	Other PRISM Activity
<p>5. <u>Special Help for Children's Individualized Mental Health Needs</u></p>	<p><u>Disabilities Services Q12</u></p> <p>How does the grantee ensure that individualized services are effectively provided to children with diagnosed or suspected disabilities?</p> <ul style="list-style-type: none"> • ensure the timely assessment of special education/related services needs of children with disabilities, conducted in coordination with the Part C agency and/or LEA? • provide parents with information and assistance in understanding and advocating for services and support needed to address their child's special needs? • provide staff with the information, guidance, and resources needed to help children and families meet the individualized goals and objectives in the IFSP/IEP? • modify activities; remove barriers; and provide support, as needed, for inclusion of children with disabilities in the full range of program activities?

Other PRISM Activities with Relevant References for Mental Health Services

As a member of the PRISM Review team, you can get important information on mental health services from fellow reviewers. The following references to mental health services are contained in other Core Questions (nearly verbatim).

Focus Children

Review focus children's files to note mental health-related items, such as: developmental screening; behavioral, social, and/or emotional concerns; mental health history and observations; family functioning and input, etc.

Transportation Services Checklist

19. Appropriate staff is informed of any health or safety accommodations or adaptations needed for children in accordance with the program's confidentiality policy. [1304.22(b)(3)]

Classroom, Family, Child Care, or Socialization Experience Observation Instrument

Interview Questions

- o How do you integrate issues of health, nutrition, and mental health into the curriculum...?
- o What developmental screening tool do you use...?
- o How often do you assess children...? How do you communicate this information to his/her parent?

1. Teacher Interactions and Strategies
 - positive child guidance and appropriate limits
2. Facilitating Children's Language and Literacy Development
 - language use and interaction among children and adults
 - adult's fostering children's communication, including home language
 - experiences that support creative expression
4. Facilitating Children's Social and Emotional Development
 - experiences that foster independence and trust;
 - age-appropriate expectations of children;
 - adults interacting in supportive ways;
 - experiences that help children develop social skills, competence, respect for others, and positive attitudes towards learning.
6. Prevention and Early Intervention Integrating Health, Nutrition, Mental Health, Safety and Wellness
 - health, nutrition, and mental health integrated into routines and children's learning experiences
7. Individualizing and Disabilities Services
 - adults observing and assessing children's behavior and progress

Home Visit Observation Instrument

- Interview Questions
 - o How do you integrate issues of health, nutrition, and mental health into the curriculum...?
 - o What developmental screening tool do you use...?
 - o Describe your process for the ongoing assessment of children.
 - o How do you use the results from the assessment to help you in planning?
 - o How do you communicate with the child's parents about their child's progress?

- 1. Home Visit Interactions and Strategies

How does the home visitor:

 - demonstrate a friendly and cooperative relationship with the family?
 - help parents improve their parenting skills?
 - plan home visits with parents to incorporate all services of the HS program?

- 4. Facilitating Children's Social and Emotional Development

How do the home visits help parents:

 - provide experiences that foster independence?
 - develop age-appropriate expectations of children?
 - interact in supportive ways?
 - help children develop social skills, respect for others, and friendships?
 - help children feel successful, competent and positive toward learning?

- 6. Curriculum: Prevention and Early Intervention Integrating Health, Nutrition, Mental Health, Safety, and Wellness

How does the home visitor help parents:

 - ensure a safe environment?
 - promote health, nutrition, and wellness?

- 7. Curriculum: Individualizing and Disabilities Services

How do the home visitor and parent:

 - plan and implement experiences that match the child's current developmental level?
 - understand ways to adapt or change activities for the child?
 - Identify, select, and use toys, books, and other materials that match the child's interests and abilities?

- 8. Family Partnerships

How does the home visitor:

 - support positive relationships?
 - support parents in progress towards their goals?